



Please return by FAX to 1-802-540-1771
 For assistance please call: 1-802-540-0500

DM Patient Query

Provider: CHARLES BEST, MD
 Fax:1-802-540-1771

Created: 5/24/2013

Patient Name	DOB	A1C Test Date	A1C	Active DM	Not DM	Pre DM	Missing Results	Clinically Ineligible	Wrong Provider	PES ID	Comments
CAINE, MARCELLO D	8/27/16 M	10/25/11	5.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114305	
EASTWOOD, JACK F	9/9/43 M	10/25/11	5.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114309	
FONDA, ELIZA G	8/2/26 F	10/25/11	6.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114301	
GOSLING, ELLEN H	9/29/30 F	10/25/11	5.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114295	
HANKS, DEXTER I	6/6/85 M	10/25/11	6.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114307	
JENKINS, EDITH K	11/17/72 F	10/25/11	6.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114303	
NORTON, JON O	3/30/83 M	10/25/11	5.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114308	
ROURKE, MAMIE S	7/23/93 F	10/25/11	5.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114304	
SMITH, MARTHA T	5/29/32 F	10/25/11	6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114293	
SPACEY, PAUL T	1/26/86 M	10/25/11	5.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114300	
STRATHAIRN, EMILY T	12/7/51 F	10/25/11	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114291	
WASHINGTON, LOUELLEN X	2/23/70 F	10/25/11	5.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114296	
WHITAKER, GENE X	11/1/30 M	10/25/11	6.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114292	

Active DM = PCP provides DM care. **Not DM** = Patient does not have diabetes. **Pre-DM** = No reminders. **Missing Results** = Complete Test results not available. **Clinically Ineligible** = Severe dementia, short life-expectancy, etc. **Wrong Provider** = Not PCP or PCP not providing care. Please indicate who is. **Other** = Patient refusal, deceased, other.