Diabace
Centers Housing Folder
Diab 00014
06-17-14

_____
CVR I

Logo: Centers Plan for Healthy Living

Eyebrow: October 2014
Headline: ReNew™
Subhead: Diabetes Patient Care Program

Logo: Diabace™

_____
CVR II

Pocket: BC Card Slits
Logo: Centers Plan for Healthy Living

_____
CVR III

Pocket: Magnet Guides
Logo: Diabace™

_____
CVR IV

Logo: Diabace™
Generic: Integrated System of Diabetes Care

Headline: ReNew™
Subhead: Diabetes Patient Care Program

Logo: Centers Plan for Healthy Living
Contact: 75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304
718.215.7000

Code: EQ-D 1001.1 10.14 .5M IMSM

Diabace
Centers Mailing Envelope
Diab 00014
06-17-14

_____
FACE

Logo: Centers Plan for Healthy Living

Return: 75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304

Alt Return: P.O. Box 000
Town, ST 00000

Teaser: Enclosed Are Your
Headline: Diabace™ ReNew™
Subhead: Diabetes Patient Care Materials

Logo: Diabace™

Code: EQ-D 1002.1 10.14 .5M IMSM

Diabace
Centers INTRO Card
Diab 00014
06-17-14

_____
PG 1
Logo: Centers Plan

Eyebrow: Introducing

Headline: **A New Plan for Healthy Living**
Subhead: Especially for Individuals with Diabetes

Logo: Diabace™

_____
PG 2 - 3

Subhead: Diabace™ ReNew™ Diabetes Care Program

Body: Providing you high quality, Centers Plan proudly announces a program of care developed especially for individuals with diabetes. The Diabace™ ReNew™ *Diabetes Care Program* offers individuals like you valuable information and assistance in managing your diabetes more effectively and efficiently.

The Diabace™ *Program* is designed to:

- Help you schedule appointments for doctor examinations and tests;
- Remind you of your medications and appointments;
- Encourage you to make healthy choices in your meals; and
- Support your participation in activities and exercise right for you.

Every three months, we will provide Diabace™ Program materials in the mail to support your needs. They will include:

- Reminder cards for your appointments;
- Meal and menu planning guides;
- Reprint articles of news and interest;

- Quarterly patient reports; and more.

If you prefer, however, to access your program materials, please let us know.

If you have any questions or concerns or if you need help in understanding The Diabace™ ReNew™ *Diabetes Care Program*, please call your Care Manager or Centers Plan at 718-215-7000.

PG 4
Logo: Diabace™
Generic: Integrated System of Diabetes Care

Headline: Diabace™ ReNew™
Subhead: Diabetes Patient Care Program

Logo: Centers Plan for Healthy Living
Contact: 75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304
718.215.7000

Code: EQ-D 1021.1 10.14 .5M IMSM

Diabace
Centers INTRO Mailing Envelope
Diab 00014
06-17-14

_____
FACE

Logo: Centers Plan for Healthy Living

Return: 75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304

Alt Return: P.O. Box 000
Town, ST 00000

Teaser: INTRODUCING

Headline: A New Plan for Healthy Living

Subhead: *Especially for Individuals with Diabetes*

Logo: Diabace™

Code: EQ-D 1022.1 10.14 .5M IMSM

Diabace
Centers Quarterly Report
Diab 00014
06-17-14

Logo: Centers Plan for Health Living

Headline: Patient Quarterly Progress Report
Subhead: *For Your Health, Healing, and Well Being*

Body: This is your Patient Quarterly Progress Report. It provides you an overview of your results from your last examinations and tests and compares them with previous results.

If you have any questions or concerns or if you need help in understanding this report, please call your Care Manager or Centers Plan.

Chart Headline: Patient Examinations and Tests

Chart TEST DESCRIPTION PREVIOUS TESTS LATEST TEST RESULTS INTERPRETATION

Content: **HbA1c**

This blood test is used to gauge how well you are managing your diabetes. While self-testing gives a reading of blood glucose at the moment blood is drawn, the HbA1c test reveals *the average blood glucose level* over two to three months.

Previous:	12 / 14 / 13	6.8
	03 / 16 / 14	6.9
	06 / 11 / 14	6.8
Latest:	09 / 12 / 14	6.7

Interpreting Your Results:*

- Normal: < 5.7 % *Average Daily BG Level* < 120
- Pre-Diabetes: 5.7 – 6.4 % *Average Daily BG Level* 120 – 150
- Diabetes: ≥ 6.5 % *Average Daily BG Level* > 150

Content: **LDL Cholesterol**

This blood test is used to check your LDL Cholesterol (low-density lipoprotein levels.

Previous:	08 / 19 / 13	152
Latest:	08 / 03 / 14	148

Interpreting Your Results:

- Optimal: ≤ 100 mg/dL
- Good: 100 – 129 mg/dL
- Borderline High: 130 – 159 mg/dL
- High: 160 – 189 mg/dL
- Very High: ≥ 190 mg/dL

Content: **Glomerular Filtration Rate** (GFR)

This test is used to measure kidney (renal) function and how efficiently the kidneys filter waste.

Previous: 03 / 16 / 14 63

Latest: 09 / 12 / 14 62

Interpreting Your Results:

- Normal: 60 – 120
- Kidney Disease: 60 – 15
- Kidney Failure: 15 – 0

Content: **Urine Microalbumin**

This test is used to detect very small levels of a blood protein in your urine to detect early signs of kidney damage.

Previous: 03 / 16 / 14 28

Latest: 09 / 12 / 14 29

Interpreting Your Results:

- Normal: < 30 mg
- Early Disease: 30 – 300 mg
- Advanced Disease: > 300 mg

Content: **Retinal Eye Exam**

This eye test is used to diagnose diabetic retinopathy, a condition causing mild vision problems but result in blindness.

Previous: 07 / 14 / 13 Passed

Latest: 08 / 10 / 14 Passed

Content: **Comprehensive Foot Examination**

This examination is used to check for diabetic neuropathy, a condition causing numbness, tingling, or pain in feet and legs.

Previous: 06 / 28 / 13 Passed

Latest: 08 / 01 / 14 Passed

Content: **Blood Pressure** (BP)

Blood pressure measures the pressure exerted on the walls of blood vessels by circulating blood; it is one of the principle vital signs.

Previous: 03 / 16 / 14 120 / 80

Latest: 09 / 12 / 14 120 / 80

Interpreting Your Results:

- Hypotension: < 90 / < 60
- Healthy: 90 - 119 / 60 - 79
- Pre-Hypertension: 120 - 139 / 80 - 89
- Hypertension Stage I: 140 - 159 / 90 - 99
- Hypertension Stage II: 160 - 179 / 100 - 109
- Emergency: ≥ 180 / ≥ 110

Content: **Body Mass Index** (BMI)

Body mass index is a measure of relative weight based on an individual's mass and height.

Previous: 03 / 16 / 14 26

Latest: 09 / 12 / 14 24

Interpreting Your Results:

- Underweight: BMI is less than 18
- Healthy weight: BMI is 18.5 to 24.9
- Overweight: BMI is 25 to 29.9
- Obese: BMI is 30 or higher

Headline: Diabace™ReNew™
Subhead: Diabetes Patient Care Program

Logo: Diabace™

Logo: Centers Plan for Healthy Living
Contact: 75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304
718.215.7000

Footnotes:

Code: EQ-D 1015.1 10.14 .5M IMSM

Diabace
Centers Reminder Cards
Diab 00014
06-17-14

A.

_____
FRONT

Logo: Centers Plan for Healthy Living

Eyebrow: A Friendly Reminder…

Headline: It Is Time to Schedule Your Yearly **Retinal Eye Examination**

Body: Please make your appointment for your Retinal Eye Examination with your doctor.
1. Call your doctor.
2. Schedule your appointment.
3. Write you appointment on the back of this card.
4. Put this card on your refrigerator as a reminder.
5. Follow your doctor's pre-examination orders.

Body: If you need help in scheduling your appointment, please call your Centers Plan Case Manager or

1-888-DIABACE (1-888-342-2223)

Logo: Diabace™ ReNew™ Diabetes Patient Care Program

_____
BACK
Logo: Diabace™ Integrated System of Diabetes Care

Headline: **Retinal Eye Examination**

Fill-In: DATE: _____ / _____ / _____ TIME: _____AM / PM
DOCTOR: _____
ADDRESS: _____
TELEPHONE: _____
PRE-EXAM ORDERS: _____

Logo: Centers Plan for Healthy Living
Contact: 75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304
718.215.7000

Footnotes:

Code: EQ-D 1010A.1 10.14 .5M IMSM

B.

_____

FRONT

Logo: Centers Plan for Healthy Living

Eyebrow: A Friendly Reminder…

Subhead: It Is Time to Schedule Your 6-Month **Physical Examination**

Body: Please make your appointment for your Physical Examination with your doctor.

1. Call your doctor.
2. Schedule your appointment.
3. Write you appointment on the back of this card.
4. Put this card on your refrigerator as a reminder.
5. Follow your doctor's pre-examination orders.

Body: If you need help in scheduling your appointment, please call your Centers Plan Case Manager or

1-888-DIABACE (1-888-342-2223)

Logo: Diabace™ ReNew™ Diabetes Patient Care Program

_____

BACK

Logo: Diabace™

Generic: Integrated System of Diabetes Care

Headline: 6-Month **Physical Examination**

Fill-In:

DATE: _____ / _____ / _____ TIME: _____AM / PM

DOCTOR: _____

ADDRESS: _____

TELEPHONE: _____

PRE-EXAM ORDERS: _____

Logo: Centers Plan for Healthy Living

Contact: 75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304
718.215.7000

Footnotes:

Code: EQ-D 1010B.1 10.14 .5M IMSM

OTHER REMINDER CARDS

Diabace
Centers Response BRCs
Diab 00014
06-17-14

_____
FRONT

Logo: Centers Plan for Healthy Living

Eyebrow: A Keeping in Touch…

Headline: Let Us Know How You Are Doing

Body: During the next 3 months, you should be having examinations and tests scheduled with your doctors.

Please take a moment afterwards and let us know that you have kept your appointments and that the tests and examinations were performed.

Use this postage-paid card to let us know or call:

1-800-DIABACE (1-800-342-2223)

When you call or return this card, you help us help you by providing the best care we can deliver.

Thank you.

Bar code or
Fill-In:

PATIENT NUMBER: _____

TEST / EXAMINATION: _____

DATE: _____ / _____ / _____

Logo: Diabace™ ReNew™ Diabetes Patient Care Program

Code: EQ-D 1009.1 10.14 .5M IMSM

BACK

FIM Code

Bar: NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Brm: Business Reply Mail
FIRST CLASS MAIL PERMIT NO. 12345 CITY, ST

POSTAGE WILL BE PAID BY ADRESSEE

Adress: Centers Plan for Healthy Living

Return: 75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304

Alt Return: P.O. Box 000
Town, ST 00000

Diabace
Centers PtSatisf BRCs
Diab 00014
06-17-14

_____
FRONT

Logo: Centers Plan for Healthy Living

Eyebrow: Serving You, Our Patients…

Headline: Let Us Know How We Are Doing

Body: Please take a moment and let us know a few things about your diabetes care.

TBD

	BAD	FAIR	AVERAGE	GOOD	VERY GOOD
1. First, how are you feeling overall?	1	2	3	4	5
2. How would you rate your diabetes care?	1	2	3	4	5
3. How would you rate your primary doctor?	1	2	3	4	5
4. How would you rate your care team?	1	2	3	4	5
5. How would you rate Centers Plan services?	1	2	3	4	5

Fill-In:

PATIENT NUMBER: _____

COMMENTS: _____

Sub Head: Win a $25 American Express Gift Certificate.

Body: Please help us help you by providing the best care we can deliver. Tell us how we are doing and what we can do better for you.

When you return this card, we enter your name into a random drawing for an American Express Gift Certificate for $25 held every 3 months. (opt: every 6 months)

Body: And, if you have any questions or concerns, please call you Centers Plan Case Manager or

1-800-DIABACE (1-800-342-2223)

Logo: Diabace™ ReNew™ Diabetes Patient Care Program

Code: EQ-D 1011.1 10.14 .5M IMSM

_____

BACK

FIM Code

Bar: NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Brm: Business Reply Mail
FIRST CLASS MAIL PERMIT NO. 12345 CITY, ST

POSTAGE WILL BE PAID BY ADRESSEE

Adress: Centers Plan for Healthy Living

Return: 75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304

Alt Return: P.O. Box 000
Town, ST 00000

Diabace
Centers Yearly Planner
Diab 00014
06-17-14

Logo: Centers Plan for Health Living

Headline: Patient Scheduler / Reminder
Subhead: For Office Examinations and Tests

Body: This is your Diabace™ Scheduler / Reminder. It provides you an overview of your important examinations and tests for the upcoming year.

1. Call your doctors and schedule your appointments.
2. Write them on this scheduler.
3. Post it on your refrigerator or on any other convenient surface to help remind you.

If you have any questions or concerns or if you need help in scheduling your appointments, please call your Care Manager or Centers Plan.

Chart Header: TEST DESCRIPTION TIMES PER YEAR DATE OF LAST TEST DATE OF NEXT TEST LAST RESULTS

Content: **HbA1c**

This is a common blood test used to gauge how well you're managing your diabetes. Test results reflect your average blood sugar level for the past two to three months. This test measures what percentage of your hemoglobin (a protein in red blood cells that carries oxygen) is coated with sugar. The higher your HbA1c level, the poorer your blood sugar control and the higher your risk of diabetes complications.

2 X Year (every 6 months) or 4 X Year (every 3 months)

07 / 14 / 14

01 / 14 / 15

7.6

☐ Office Exam / Blood Test Scheduled

DOCTOR: _____
LOCATION: _____
TELEPHONE: _____
DATE: _____ / _____ / _____ TIME: _____ AM / PM

Content: **LDL Cholesterol**

This is a common blood test used to check cholesterol levels. Cholesterol is a waxy substance that's found in the fats (lipids) in your blood. It is also called a lipid profile or lipid panel; it checks total cholesterol, LDL Cholesterol (low-density lipoprotein), HDL cholesterol (high-density lipoprotein), and triglycerides (a type of fat) in the blood. While your body needs cholesterol to continue building healthy cells, having high cholesterol can increase your risk of heart disease.

1 X Year (every 12 months)

04 / 01 / 14

04 / 01 / 15

148

☐ Office Examination / Blood Test Scheduled

DOCTOR: _____

LOCATION: _____

TELEPHONE: _____

DATE: _____ / _____ / _____ TIME: _____ AM / PM

Content: **Glomerular Filtration Rate** (GFR)

This is a test used to measure kidney (renal) function and how efficiently the kidneys filter waste. Blood tests are usually used to determine how well your kidneys are working. Urine samples also provide information about your kidney function and whether there are high levels of a protein called microalbumin in your urine. Other tests are occasionally used including renal function testing and renal imaging using ultrasound or magnetic resonance imaging (MRI) methods.

2 X Year (every 6 months)

07 / 28 / 14

01 / 28 / 15

56

☐ Office Examination / GFR Blood Test Scheduled

DOCTOR: _____

LOCATION: _____

TELEPHONE: _____

DATE: _____ / _____ / _____ TIME: _____ AM / PM

Content: **Urine Microalbumin**

This is a common test to detect very small (micro) levels of a blood protein (albumin) in your urine. A microalbumin test is used to detect early signs of kidney damage. They are recommended for diabetics with an increased risk of kidney disease.

2 X Year (every 6 months)

07 / 28 / 14

01 / 28 / 15

84

☐ Office Examination / Urine Microalbumin Test Scheduled

DOCTOR: _____

LOCATION: _____

TELEPHONE: _____

DATE: _____ / _____ / _____ TIME: _____ AM / PM

Content: **Retinal Eye Exam**

This is an eye test to diagnose diabetic retinopathy, a complication of diabetes that affects the eyes. Diabetic retinopathy may cause no symptoms or only mild vision problems but it may result in blindness. It's caused by damage to the blood vessels of the light-sensitive tissue at the retina which is the back of the eye.

1 X Year (every 12 months)

06 / 23 / 14

06 / 23 / 15

Passed

☐ Eye Examination Scheduled

DOCTOR: _____

LOCATION: _____

TELEPHONE: _____

DATE: _____ / _____ / _____ TIME: _____ AM / PM

Content: **Comprehensive Foot Examination**

A comprehensive foot examination is recommended at least once a year. Have your doctor or podiatrist check your feet extensively for foot problems, ulcers, and sores that don't heal. Report any numbness, tingling, or pain you are experiencing. It is also good to have your doctor examine your feet at each office visit. Regular foot examinations and a comprehensive foot examination once a year will help prevent many problems. And, taking good care of your feet can also prevent many problems as well.

1 X Year (every 12 months)

06 / 23 / 14

06 / 23 / 15

Passed

☐ Foot Exam Scheduled

DOCTOR: _____

LOCATION: _____

TELEPHONE: _____

DATE: _____ / _____ / _____ TIME: _____ AM / PM

Headline: Diabace™ ReNew™
Subhead: Diabetes Patient Care Program

Logo: Diabace™

Logo: Centers Plan for Healthy Living
Contact: 75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304
718.215.7000

Footnotes:

Code: EQ-D 1014.1 10.14 .5M IMSM

Diabace
Centers Yearly Planner
Diab 00014
06-17-14

Logo: Centers Plan for Health Living

Headline: Patient Scheduler / Reminder
Subhead: For Office Examinations and Tests

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2. Write them on this scheduler.
3. Post it on your refrigerator or on any other convenient surface to help remind you.

If you have any questions or concerns or if you need help in scheduling your appointments, please call your Care Manager or Centers Plan.

Chart Header: TEST DESCRIPTION TIMES PER YEAR DATE OF LAST TEST DATE OF NEXT TEST LAST RESULTS

Content: **HbA1c**

This is a common blood test used to gauge how well you're managing your diabetes. Test results reflect your average blood sugar level for the past two to three months. This test measures what percentage of your hemoglobin (a protein in red blood cells that carries oxygen) is coated with sugar. The higher your HbA1c level, the poorer your blood sugar control and the higher your risk of diabetes complications.

2 X Year (every 6 months) or 4 X Year (every 3 months)

07 / 14 / 14

01 / 14 / 15

7.6

☐ Office Exam / Blood Test Scheduled

DOCTOR: _____
LOCATION: _____
TELEPHONE: _____
DATE: _____ / _____ / _____ TIME: _____ AM / PM

Content: **LDL Cholesterol**

This is a common blood test used to check cholesterol levels. Cholesterol is a waxy substance that's found in the fats (lipids) in your blood. It is also called a lipid profile or lipid panel; it checks total cholesterol, LDL Cholesterol (low-density lipoprotein), HDL cholesterol (high-density lipoprotein), and triglycerides (a type of fat) in the blood. While your body needs cholesterol to continue building healthy cells, having high cholesterol can increase your risk of heart disease.

1 X Year (every 12 months)

04 / 01 / 14

04 / 01 / 15

148

☐ Office Examination / Blood Test Scheduled

DOCTOR: _____

LOCATION: _____

TELEPHONE: _____

DATE: _____ / _____ / _____ TIME: _____ AM / PM

Content: **Glomerular Filtration Rate** (GFR)

This is a test used to measure kidney (renal) function and how efficiently the kidneys filter waste. Blood tests are usually used to determine how well your kidneys are working. Urine samples also provide information about your kidney function and whether there are high levels of a protein called microalbumin in your urine. Other tests are occasionally used including renal function testing and renal imaging using ultrasound or magnetic resonance imaging (MRI) methods.

2 X Year (every 6 months)

07 / 28 / 14

01 / 28 / 15

56

☐ Office Examination / GFR Blood Test Scheduled

DOCTOR: _____

LOCATION: _____

TELEPHONE: _____

DATE: _____ / _____ / _____ TIME: _____ AM / PM

Content: **Urine Microalbumin**

This is a common test to detect very small (micro) levels of a blood protein (albumin) in your urine. A microalbumin test is used to detect early signs of kidney damage. They are recommended for diabetics with an increased risk of kidney disease.

2 X Year (every 6 months)

07 / 28 / 14

01 / 28 / 15

84

☐ Office Examination / Urine Microalbumin Test Scheduled

DOCTOR: _____
LOCATION: _____
TELEPHONE: _____
DATE: _____ / _____ / _____ TIME: _____ AM / PM

Content: **Retinal Eye Exam**

This is an eye test to diagnose diabetic retinopathy, a complication of diabetes that affects the eyes. Diabetic retinopathy may cause no symptoms or only mild vision problems but it may result in blindness. It's caused by damage to the blood vessels of the light-sensitive tissue at the retina which is the back of the eye.

1 X Year (every 12 months)

06 / 23 / 14

06 / 23 / 15

Passed

☐ Eye Examination Scheduled

DOCTOR: _____
LOCATION: _____
TELEPHONE: _____
DATE: _____ / _____ / _____ TIME: _____ AM / PM

Content: **Comprehensive Foot Examination**

A comprehensive foot examination is recommended at least once a year. Have your doctor or podiatrist check your feet extensively for foot problems, ulcers, and sores that don't heal. Report any numbness, tingling, or pain you are experiencing. It is also good to have your doctor examine your feet at each office visit. Regular foot examinations and a comprehensive foot examination once a year will help prevent many problems. And, taking good care of your feet can also prevent many problems as well.

1 X Year (every 12 months)

06 / 23 / 14

06 / 23 / 15

Passed

☐ Foot Exam Scheduled

DOCTOR: _____

LOCATION: _____

TELEPHONE: _____

DATE: _____ / _____ / _____ TIME: _____ AM / PM

Headline: Diabace™ ReNew™
Subhead: Diabetes Patient Care Program

Logo: Diabace™

Logo: Centers Plan for Healthy Living
Contact: 75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304
718.215.7000

Footnotes:

Code: EQ-D 1014.1 10.14 .5M IMSM

Diabace
Centers Motive Moment
Diab 00014
06-17-14

Magnet

Body: Always bear in mind that
your own resolution to succeed
is more important
than any other one thing!

ABRAHAM LINCOLN

Logo: Centers Plan for Healthy Living

Footnotes:

Code: EQ-D 1016.1 10.14 .5M IMSM

Diabace
Centers Daily Diary BRM
Diab 00014
06-17-14

_____
FACE

FIM Code

Bar: NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Brm: Business Reply Mail
FIRST CLASS MAIL PERMIT NO. 12345 CITY, ST

POSTAGE WILL BE PAID BY ADRESSEE

Adress: Centers Plan for Healthy Living

Return: 75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304

Alt Return: P.O. Box 000
Town, ST 00000

Code: EQ-D 1013.1 10.14 .5M IMSM

Diabace
Centers Daily Diary
Diab 00014
06-17-14

_____
FR OUT CVR

Logo: Diabace™

Headline: Diabace™ ReNew™
Subhead: Diabetes Patient Care Program

SubSub: Daily Diary
For Your Health, Healing, and Well Being

Logo: Centers Plan for Healthy Living

_____
FR IN CVR

Copy: If Lost, Please Return to:

NAME: _____
ADDRESS: _____
CITY, ST ZIP: _____
TELEPHONE: _____

Logo: Diabace™

_____
BK IN CVR

Logo: Diabace™

Headline: Diabace™ ReNew™
Subhead: Diabetes Patient Care Program

Copy: After using your daily diary, please return it in the postage-paid envelope to:

Return: **Centers Plan** *for Healthy Living*
75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304

Alt Return: P.O. Box 000
Town, ST 00000

Copy: Please contact your Care Manager or Centers Plan for additional copies of your daily diary.

_____
BK OUT CVR

Logo: Diabace™
Generic: Integrated System of Diabetes Care

Headline: Diabace™ ReNew™
Subhead: Diabetes Patient Care Program

Logo: Centers Plan for Healthy Living
Contact: 75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304
718.215.7000

Footnotes:

Code: EQ-D 1012.1 10.14 .5M IMSM

_____
PG1

Headline: Diabace™ ReNew™
Subhead: Diabetes Patient Care Program

SubSub: Daily Diary
For Your Health, Healing, and Well Being

Logo: Diabace™

_____
PG2

SubSub: Instructions for Use:

Use your Diabetics' Daily Diary to record your progress.

1. Record your blood glucose readings and times.
2. Record your medications, doses, and times.

Keep a track of your meals and times.

1. List your breakfasts, lunches, dinners and snacks.
2. Write down your water consumption.

Make note of your activities, exercise, and times.

Use your diary to report any sensations you might experience during the day.

1. Call your doctor immediately if you are experiencing any unusual symptoms.

Use your Diary to make special notes.

Call your Centers Plan Care Manager if you have any questions.

Return your Daily Diary in the postage-paid envelope after completing it to:

Return:
Centers Plan *for Healthy Living*
75 Vanderbilt Avenue
Suite 6000
Staten Island, NY 10304

Alt Return:
P.O. Box 000
Town, ST 00000

Logo: Diabace™

_____

PG3 (odd pages)

Headline: Wednesday October 1, 2014

Message: *Whether you think you can or you think you can't – you are right.*
HENRY FORD

Copy:			
	Blood Glucose:	Times:	
	Medications:	Times:	Dose
	Breakfast:	Time:	Portion
	Lunch:	Time:	Portion
	Dinner:	Time:	Portion
	Snacks:	Times:	Portions
	Water:	Times:	Portions
	Exercise:	Time:	
	Sensations:	Times:	
	Notes:		

Headline: Diabace™ ReNew™
Subhead: Diabetes Patient Care Program

_____

PG4 (even pages)

Headline: Thursday October 2, 2014

Message: *If we do what is necessary, all the odds are in our favor.*
HENRY KISSINGER

Copy:			
	Blood Glucose:	Times:	
	Medications:	Times:	Doses
	Breakfast:	Time:	Portion
	Lunch:	Time:	Portion
	Dinner:	Time:	Portion
	Snacks:	Times:	Portions
	Water:	Times:	Portions
	Exercise:	Times:	
	Sensations:	Times:	
	Notes:		

Logo: Diabace™

Diabace
Centers Plan Magnet
Diab 00014
06-17-14

Magnet

Logo: Centers Plan for Healthy Living

Headline: 718-215-7000

Headline: Diabace™ReNew™
Subhead: Diabetes Patient Care Program

Logo: Diabace™

Footnotes:

Code: EQ-D 1004.1 10.14 .5M IMSM