



**METABOLIC MEDICINE**  
OF MISSISSIPPI  
*DIABETES AND ENDOCRINE SPECIALISTS*

1551 E. County Line Road • Jackson, Mississippi 39211 • Phone: (601) 790-1233 • Fax: (601) 397-6492

**Dr. Honey E. East FACP**

**Christy Davis, DNP, FNP-C, CDE**

**JoAnna M. Warren, CFNP, BC-ADM, CDE**

Date: \_\_\_\_\_

Please completely fill out the following.

Referring Diagnosis: \_\_\_\_\_

Referring Provider and Clinic: \_\_\_\_\_

Clinic address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip Code \_\_\_\_\_

Clinic phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact person: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

WE ARE CURRENTLY NOT ACCEPTING WELLCARE, MEDICAID, AMBETTER, MOLINA, OR MAGNOLIA INSURANCES

**Please send all records related to diagnosis to include:**

**Notes, Labs, Imaging, Medication list and a clear copy front and back of all insurance cards to fax number below.**

**FAX - 601-397-6492**

**All records are reviewed prior to scheduling and will be faxed back to referring clinic.**

**Please contact your patient with the appointment.**

**We do mail out new patient information.**

**Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_**