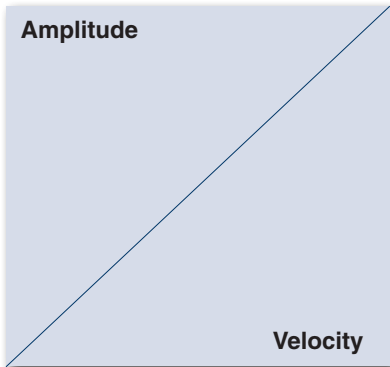


Patient Name _____

Date _____

NC-stat® | **DPNCheck™**

Leg: Left/Right (circle)



Last Test Date:

Today's Results:

- Same
- Improved
- Worse

- Test results are normal
- Test results are abnormal, you may have **diabetic peripheral neuropathy (DPN)**

Signature

Your DPN Treatment Plan

Status

Achieving Goal

Needs Improvement

Lower A1c

Lower triglycerides

Lose weight

Lower blood pressure

No smoking

Protect your feet

Check feet twice daily

Wear well-fitting footwear

Keep feet clean and dry

Use skin moisturizer

Medication/Therapy

Use pain management therapies or take medication(s) to help manage DPN symptoms.

Name

Dose

Directions

Referral

Endocrinology _____

Podiatry _____

Neurology _____

Other _____

To learn more, visit: www.dpncheck.com