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Referral for Medical Nutrition Therapy

Date:	Patient Name:	Date of Birth:
Phone number:	Insurance:	MR#:
Height: Weight:	Gender:	
Requested service:____ Initial MNT _____ Follow-up MNT _____		
CPT : Initial MNT: 97802 Established visit: 97803		

REASON FOR ORDERING MNT
MEDICAL DIAGNOSES (check all that apply below)
[Required in order to initiate MNT service]

	ICD-10	ENDOCRINE,NUTRITIONAL AND METABOLIC,IMMUNITY		ICD-10	
	E11.8	Diabetes 11/unspecified complications		K58.0	Irritable bowel syndrome w/diarrhea
	E10.9	Diabetes 1, no complications		K58.9	Irritable bowel syndrome without diarrhea
	E11.65	Diabetes 11/unspecified, uncontrolled		K51.0	Ulcerative colitis, without complications
	E10.8	Diabetes 1, unspecified complications		K51.918	Ulcerative colitis, with complications
	E10.10	Diabetes with ketoacidosis w/out coma		K90.0	Celiac disease
	E16.2	Hypoglycemia, unspecified			**SYMPTOMS,SIGNS, ILL-DEFINED**
	E28.2	Polycystic ovarian syndrome		R63.4	Abnormal weight loss
	E78.0	Pure hypercholesterolemia		R63.5	Abnormal weight gain
	E78.1	Pure hyperglyceridemia		R73.9	Abnormal glucose
	E78.5	Hyperlipidemia, unspecified			**GENITOURINARY SYSTEM**
	E78.2	Mixed hyperlipidemia		N18.6	End stage renal disease
	E88.81	Metabolic syndrome		N18.9	Chronic kidney disease, unspecified
	E66.9	Obesity, unspecified		N18.3	Chronic kidney disease, Stage 111
	E66.01	Morbid obesity due to excess calories		N18.4	Chronic kidney disease, Stage 1V
	E66.1	Drug induced obesity		N18.5	Chronic kidney disease, Stage V
	E66.3	Overweight			**OTHER**
		DIGESTIVE SYSTEM			
	K50.9	Crohn's disease, unspecified without complications			
	K50.919	Crohn's disease , unspecified with unspecified complications			

EXERCISE Restrictions: None: _____ YES, list limitations: _____

Labs and Medications: Please attach or fax patient's annual lab results, current medications, and insurance card.

MNT is a necessary part of the patient's medical treatment for the medical diagnosis (es) listed above.

_____ _____ _____
Physician's Signature Physician's Provider NPI/UPIN# Date