Nutrition For You

Patient Referral for Medical Nutrition Therapy (MNT) Services

Please send referral for Teju Lakkundi by Fax: 1 (877) 389-9876 or Call: 919-228-9749

Patient Full Legal Name: _____Date of Birth: _____

Phone #: _____ Gender: _____ Nick Name: _____

Address: _____

Age_____ yrs. Height _____ Weight _____ BMI _____ Blood Pressure _____

Please choose/add **ICD10** codes and check (✓) diagnoses you are requesting MNT counseling services

	ICD 10	Diabetes		ICD 10	Weight Management
	E10.9	Type 1 Diabetes		E66.3	Overweight
	E11.9	Type 2 Diabetes without complication		E66.9	Obesity
	E11.65	Type 2 Diabetes w hyperglycemia		E66.01	Morbid Obesity
	R73.03	Pre-Diabetes		R63.5	Abnormal Weight Gain
	R73.01	Impaired Fasting Glucose		R63.4	Abnormal Weight Loss
	R73.02	Impaired Glucose Tolerance			Other_____
	E16.2	Hypoglycemia		ICD 10	Food Allergies
		Other_____		K90.0	Celiac Disease
	ICD 10	Pregnancy		E73.9	Lactose Intolerance
		Prediabetes in Pregnancy		Z91.	Allergy to _____
	O24.419	Gestational Diabetes			Other_____
	D50.9	Iron deficiency anemia		ICD 10	Gastrointestinal
		Other_____		K59.0	Constipation
	ICD 10	Cardiovascular		R19.7	Diarrhea
	I10	Hypertension		K31.84	Gastroparesis
	E78.49	Hyperlipidemia		K58	Irritable bowel syndrome
	E78.1	Hypertriglyceridemia		K21.0	Gastro-esophageal reflux disease
	E88.81	Metabolic Syndrome			Other_____
		Other_____		ICD 10	Other
	ICD 10	Renal			
		Chronic Kidney Disease Stage _____			
		Other_____			

Fluid Restrictions (if any) _____

Please attach patient's: demographics, insurance card (front & back), medications, labs and most recent provider notes

Provider Name: _____

Provider Signature: _____ Date: _____ Time: _____

In-Network: BCBS, Cigna, Aetna, Medicare, UHC, UMR, and Humana Medicare

NUTRITION FOR YOU

Access this form here: www.nutriforu.com/providers

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