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
☐	E10.9	Type 1 Diabetes
☐	E11.9	Type 2 Diabetes without complication
☐	E11.65	Type 2 Diabetes w hyperglycemia
☐	R73.03	Pre-Diabetes
☐	R73.01	Impaired Fasting Glucose
☐	R73.02	Impaired Glucose Tolerance
☐	E16.2	Hypoglycemia
☐		Other

	ICD 10	Pregnancy
☐		Prediabetes in Pregnancy
☐	O24.419	Gestational Diabetes
☐	D50.9	Iron deficiency anemia
☐		Other

	ICD 10	Cardiovascular
☐	I10	Hypertension
☐	E78.49	Hyperlipidemia
☐	E78.1	Hypertriglyceridemia
☐	E88.81	Metabolic Syndrome
☐		Other

	ICD 10	Renal
☐		Chronic Kidney Disease Stage
☐		Other
☐		

	ICD 10	Weight Management
☐	E66.3	Overweight
☐	E66.9	Obesity
☐	E66.01	Morbid Obesity
☐	R63.5	Abnormal Weight Gain
☐	R63.4	Abnormal Weight Loss
☐		Other

	ICD 10	Food Allergies
☐	K90.0	Celiac Disease
☐	E73.9	Lactose Intolerance
☐	Z91.	Allergy to
☐		Other

	ICD 10	Gastrointestinal
☐	K59.0	Constipation
☐	R19.7	Diarrhea
☐	K31.84	Gastroparesis
☐	K58	Irritable bowel syndrome
☐	K21.0	Gastro-esophageal reflux disease
☐		Other

	ICD 10	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

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

Updated 9/2025

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