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Phone: 425-900-3606
Fax: 425-279-8975

Daily Nutrition for Life LLC

Instructions: Complete this form and fax to Daily Nutrition for Life at 425-279-8975. We will contact the patient to schedule an appointment or the patient can call Daily Nutrition for Life at 425-900-3606 to schedule. We will notify you of the scheduled appointment. Please call with questions or to coordinate care.

Medical Nutrition Therapy (MNT) Referral Form

Please fax to: fax number

Patient Name: _____ DOB: _____

Phone: _____ Email: _____

Address:

Reason for MNT Referral:

Note: **Please send *pertinent labs*, *H&P*, *current medications*, and other supporting documentation of diagnoses.**

Common MNT Diagnostic Codes (ICD-10)
(ICD-10 codes are for your convenience, please alter/ change as needed & check all that apply below.)

☐ Abnormal Weight Gain	R63.5	☐ Hyperlipidemia	E78.5
☐ Anemia	D64.9	☐ Hypertensive Disorder	I10
☐ Anemia, Iron Deficiency	D50.9	☐ Hypoglycemia	E16.2
☐ Disorder of cardiovascular system	R94.3	☐ Irritable bowel syndrome	K58.9
☐ Celiac Disease	K90.0	☐ Other abnormal glucose	R73.09
☐ Constipation	K59.00	☐ Overweight	E66.3
☐ Congestive heart failure	I50.2	☐ Obese	E66.9
☐ Chronic kidney disease, unspecified	N18.9	☐ Ulcerative colitis, unspecified, without complications	K51.90
☐ Dietary surveillance and counseling	Z71.3	☐ Morbid Obesity	E66.01
☐ Diabetes, Type II	E11.9	☐ Pure Hypercholesterolemia	E78.0
☐ Diabetes mellitus, Type I, without complications.	E10.9	☐ Other	_____
☐ Gastroesophageal Reflux Disease	K21.0	☐ Other	_____

Physician Signature: _____ Date: _____

Printed Name: _____ NPI: _____

Group/Practice Name: _____

Address: _____

Office Phone: _____ Fax: _____