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Date:	Patient name:
Day time Phone:	Insurance:
DOB:	Address:

Please place a
 ✓ in the box
 that best
 describes the
 patient's
 diagnosis

✓	ICD -10	ICD - 10 Description
		Type 1 diabetes
	E10.64	Type 1 diabetes w/hypoglycemia
	E10.65	Type 1 diabetes w/hyperglycemia
	E10.9	Type 1 diabetes w/no complications
		Type 2 diabetes
	E11.64	Type 2 diabetes w/hypoglycemia
	E11.65	Type 2 diabetes w/hyperglycemia
	E11.8	Type 2 diabetes w/ no complications
		Weight Management
	E66.3	Overweight
	E66.9	Obesity, unspecified
		Kidney Disease
	N18.5	Chronic kidney disease, stage 5
	N18.4	Chronic kidney disease, stage 4
	N18.32	Chronic kidney disease, stage 3b
	N18.31	Chronic kidney disease, stage 3a
		Cardiovascular, Endocrine & Metabolic Diseases
	I10	Hypertension
	E78.0	Pure Hypercholesterolemia
	E78.5	Hyperlipidemia, unspecified
	E88.81	Metabolic Syndrome
	R73.01	Impaired Fasting Blood Glucose
	R73.03	Pre-Diabetes

The above patient is referred for **medical nutrition therapy** as a necessary part of medical treatment and prevention for the diagnoses listed.

Physician Signature _____ Phone _____

Print MD Name _____ Fax _____

NPI Number _____