

MEDICARE REFERRAL

Type 2 Diabetes Nutrition Consult

FAX TO (626) 380-0782



VANESSA AVILA, MS RD

Registered Dietitian
Nutritionist

HABLAMOS ESPAÑOL

PATIENT INFORMATION

Patient's Full Name :

Date Of Birth : / / Gender : Male Female

Address :

Phone Number : E-Mail :

Insurance :
(Name & Number)

Please select all the possible diagnosis for the patient.

- | | |
|---|--|
| <input type="checkbox"/> Z79.4 Long term (current) use of insulin | <input type="checkbox"/> E11.0 Type 2 diabetes mellitus with hyperosmolarity |
| <input type="checkbox"/> E11.2 Type 2 diabetes mellitus with kidney complications | <input type="checkbox"/> E11.3 Type 2 diabetes mellitus with ophthalmic complications |
| <input type="checkbox"/> E11.4 Type 2 diabetes mellitus with neurological complications | <input type="checkbox"/> E11.5 Type 2 diabetes mellitus with circulatory complications |
| <input type="checkbox"/> E11.6 Type 2 diabetes mellitus with other specified complications | <input type="checkbox"/> E11.9 Type 2 diabetes mellitus without other specified complications |

REFERRING PHYSICIAN DETAILS

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

Physician Signature :

Physician Full Name :

Physician NPI # :

Phone : Fax :

Date : / /

Complete form and FAX to (626) 380-0782
Please attach a copy of recent medication and labs (A1c, glucose)