

*Please attach most recent chart notes and labs



Provider Referral:

MEDICAL NUTRITION THERAPY

PATIENT FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ TELEPHONE: _____ E-MAIL: _____

All classes offered in English and Spanish. LANGUAGE PREFERENCE: English _____ Spanish _____

Medical Nutrition Therapy (MNT) Common Referrals

(All insurance accepted, patients are responsible for fee if service is not covered.)

___ Cardiac Disease	DX Code: _____	Authorization#: _____
___ Celiac Sprue	DX Code: _____	Authorization#: _____
___ Crohns Disease/ IBD	DX Code: _____	Authorization#: _____
___ Diet Texture __ Modifications	DX Code: _____	Authorization#: _____
___ Diverticulitis	DX Code: _____	Authorization#: _____
___ Failure to Thrive	DX Code: _____	Authorization#: _____
___ FODMAP Diet	DX Code: _____	Authorization#: _____
___ Hypertension	DX Code: _____	Authorization#: _____
___ Hyperlipidemia	DX Code: _____	Authorization#: _____
___ Liver Disease	DX Code: _____	Authorization#: _____
___ Malnutrition	DX Code: _____	Authorization#: _____
___ Metabolic Syndrome	DX Code: _____	Authorization#: _____
___ Multiple Food Allergies	DX Code: _____	Authorization#: _____
___ Obesity/ Morbid Obesity	DX Code: _____	Authorization#: _____
___ Pancreatitis	DX Code: _____	Authorization#: _____
___ Pre-bariatric Surgery	DX Code: _____	Authorization#: _____
___ Renal Disease	DX Code: _____	Authorization#: _____
___ Unintentional Weight Loss	DX Code: _____	Authorization#: N/A
___ Wound Healing	DX Code: _____	Authorization#: _____
___ Other: _____	DX Code: _____	Authorization#: _____

Please attach most recent chart notes and labs.

Please refer patients with Pre-diabetes/Diabetes by using the Diabetes & Wellness Center Fax (509) 225-2711

Additional notes or information: _____

Referring Provider Information

HEALTH CARE PROVIDER NAME (Please PRINT): _____

PROVIDERS SIGNATURE (Required): _____

Clinic Name: _____ Date: _____

TELEPHONE: _____ FAX: _____

For questions call (509) 573-3875 • Fax completed form to (509) 225-2711

Entered: _____