LGR R.D.

- Free 15-minute discovery call
- olivia@letsgetrealrd.com

NPI# 1124586185

TELEHEALTH FUNCTIONAL NUTRITION CONSULTING

Physician Referral for Medical Nutrition Therapy (MNT)

Client Name : **Date :**

Client Address, City, State, Zip :

Client Email : **Client Phone Number :**

Client Date of Birth :

Client is referred for MNT as a necessary part of his/her medical treatment and prevention of complications for the following diagnoses, valid for _______ visits with RDN.

ICD-10	ICD-10 Description

Referral Needs (*select one*) ☐ **New Diagnosis** ☐ **New Treatment Plan** ☐ **New Complication**

☐ **Other** (*describe*)

Exercise/Activity (*select one*) ☐ **Released** ☐ **Not Released**

Lab Values (*If able, please complete below or attach separately. Not required for submission.*)

FBS	Hgb/A1c	Total Chol	HDL/LDL	Non-HDL	Trig	Micro-Albumin/Cr

BUN/Cr	EGFR	Na/K	Phos/PTH	Vit D	BP

***Please attach list of current medications and proof of Health Insurance (*both sides of insurance card*)**

Physician Signature: **Printed Name:**

Physician NPI: **Physician Phone:**

Physician Fax:

If you have received this in error, please contact us at . The information requested above is Protected Health Information and is the minimum necessary to execute delivery of client/patient services. All Protected Health Information will remain confidential as outlined in the Treatment, Payments, and Healthcare Operation Laws mandated by HIPAA.

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