KIDNEY NUTRITION SPECIALIST LLC

Referral for Medical Nutrition Therapy (MNT)

Phone: 470-205-0119 Fax: 770-580-1880

Please complete and fax to 770-580-1880. Standard office or EMR-generated referrals are also accepted.

1 Patient Information

Patient name: _____ **DOB:** _____

Patient phone: _____ **Date:** _____

Insurance name / Member ID: _____

Home address: _____

2 Reason for Referral (check all that apply)

- ☐ New diagnosis
- ☐ New or updated treatment plan
- ☐ Nutrition education and counseling
- ☐ New complication or change in condition
- ☐ Other: _____

3 Diagnoses (check all that apply)

- ☐ N18.31 Chronic kidney disease, stage 3a
- ☐ N18.32 Chronic kidney disease, stage 3b
- ☐ N18.4 Chronic kidney disease, stage 4
- ☐ N18.5 Chronic kidney disease, stage 5
- ☐ Z94.0 Kidney transplant status
- ☐ N20.0 Kidney stone
- ☐ I12.9 Hypertensive chronic kidney disease
- ☐ R73.03 Prediabetes
- ☐ E11.65 Type 2 diabetes with hyperglycemia
- ☐ E11.9 Type 2 diabetes without complications
- ☐ I10 Essential hypertension
- ☐ E78.5 Hyperlipidemia, unspecified
- ☐ E66.9 Obesity, unspecified
- ☐ E66.3 Overweight
- ☐ E66.01 Morbid obesity

Other diagnosis / ICD-10: _____

4 Referring Physician Information

Physician signature (MD/DO): _____

Printed name: _____ **NPI:** _____

Phone: _____ **Fax:** _____

Medicare MNT referrals must be signed by a physician (MD or DO).