

Liz Marso, RDN, LN
 1908 N. Garfield Ave.
 Pierre, SD 57501
 EvolveNutritionWellness@gmail.com



p: 605-280-9676
 f: 844-222-5681
 www.EvolveNutritionPierre.com

Medical Nutrition Therapy (MNT) Referral Form

Please fax to: 844-222-5681 or email to: EvolveNutritionWellness@gmail.com

Patient name:	Parent Name (under 18):
DOB:	Patient phone:

Place next to all applicable diagnoses for the patient.

<input checked="" type="checkbox"/>	ICD - 10	ICD - 10 Description
		Diabetes
<input type="checkbox"/>	E10.64	Type1 diabetes w/ hypoglycemia
<input type="checkbox"/>	E10.65	Type1 diabetes w/ hyperglycemia
<input type="checkbox"/>	E10.9	Type1 diabetes w/ no complications
<input type="checkbox"/>	E11.64	Type 2 diabetes w/ hypoglycemia
<input type="checkbox"/>	E11.65	Type 2 diabetes w/ hyperglycemia
<input type="checkbox"/>	E11.8	Type 2 diabetes w/ no complications
		Weight Management
<input type="checkbox"/>	E66.3	Overweight
<input type="checkbox"/>	E66.9	Obesity, unspecified
<input type="checkbox"/>	R63.6	Underweight
		Kidney Disease
<input type="checkbox"/>	N18.5	Chronic Kidney Disease, stage 5
<input type="checkbox"/>	N18.4	Chronic Kidney Disease, stage 4
<input type="checkbox"/>	N18.32	Chronic Kidney Disease, stage 3b
<input type="checkbox"/>	N18.31	Chronic Kidney Disease, stage 3a
		Cardiovascular, Endocrine & Metabolic Diseases
<input type="checkbox"/>	I10	Hypertension
<input type="checkbox"/>	E78.0	Pure hypercholesterolemia
<input type="checkbox"/>	E78.5	Hyperlipidemia, unspecified
<input type="checkbox"/>	E88.81	Metabolic syndrome
<input type="checkbox"/>	R73.01	Impaired Fasting Blood Glucose
<input type="checkbox"/>	R73.03	Pre-Diabetes
		Eating Disorders
<input type="checkbox"/>	F50.00	Anorexia Nervosa
<input type="checkbox"/>	F50.2	Bulimia Nervosa
<input type="checkbox"/>	F50.9	Eating Disorder, unspecified
<input type="checkbox"/>		Other (please specify):

Provider Signature: _____ Date: _____
 Printed Name: _____ NPI: _____
 Group/Practice Name: _____
 Address: _____
 Office Phone: _____ Fax: _____

IMPORTANT: This transmission contains confidential information, which may be protected health information as defined by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential, and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.