

\*Indicates required information

**All orders MUST include a copy of the most recent visit note, lab results, vitals and medication list.**  
**Fax completed form to Nutrition & Diabetes Services at 920-623-1250. We will call your patient to schedule.**

\*Patient's Name \_\_\_\_\_ \*DOB \_\_\_\_\_

\*Address \_\_\_\_\_

\*Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Contact Phone \_\_\_\_\_

\*Patient's Health Insurance \_\_\_\_\_ ID# \_\_\_\_\_

**\*DIAGNOSIS (must check at least ONE diagnosis)**

**Weight Management – Adult and Pediatric**

- E66.3 Overweight (BMI 25-29.9)
- E66.9 Obesity with body mass index of 30-39.9
- E66.01 Obesity, morbid, BMI 40-49.9
- E66.01 Obesity, morbid, BMI 50 or higher
- E66.3, Z68.53 Overweight peds (BMI 85.0-94.9 percentile)
- E66.9, Z68.54 Obesity peds (BMI >=95<sup>th</sup> percentile)
- E44.0 Moderate protein-calorie malnutrition
- E44.1 Mild protein-calorie malnutrition
- R63.4 Abnormal weight loss
- R63.5 Abnormal weight gain
- R63.6 Underweight
- R62.51 Failure to thrive, child
- R62.7 Adult failure to thrive

**Diseases of the Circulatory System**

- I10 Benign essential hypertension
- I27.0 Primary pulmonary hypertension
- I11.0, I50.9 Hypertensive heart disease with heart failure
- I11.9 Hypertensive heart disease without heart failure
- I25.10 CAD, multiple vessel
- I50.9, I42.9 Congestive heart failure with cardiomyopathy
- I21.4 Non-ST elevation (NSTEMI) myocardial infarction
- I21.3 ST elevation (STEMI) myocardial infarction of unspecified site

**Kidney Disease**

- N18.1 Chronic kidney disease, stage 1
- N18.2 Chronic kidney disease, stage 2 (mild)
- N18.3 Chronic kidney disease, stage 3
- N18.4 Chronic kidney disease, stage 4 (severe)
- N18.5 Chronic kidney disease, stage 5

**Endocrine, Nutritional and Metabolic Diseases**

- E78.0 Pure hypercholesterolemia
- E78.2 Mixed hyperlipidemia
- E78.5 Hyperlipidemia, unspecified hyperlipidemia type
- E78.1 Hypertriglyceridemia
- E88.81 Metabolic syndrome
- R73.0 Abnormal glucose
- R73.01 Impaired fasting glucose
- R73.03 Prediabetes

**Diseases of the Digestive System**

- K21.0 Gastroesophageal reflux disease with esophagitis
- K21.9 Gastroesophageal reflux disease without esophagitis
- K58.0 Irritable bowel syndrome with diarrhea
- K58.9 Irritable bowel syndrome without diarrhea
- K90.0 Celiac disease
- K59.00 Constipation, unspecified
- K76.0 NAFLD (nonalcoholic fatty liver disease)
- K51.80 Other ulcerative colitis without complications
- E73.9 Lactose intolerance
- K52.29 Diarrhea secondary to food allergy
- K52.2 Gastrointestinal food allergy
- K50.10 Crohn's disease of colon without complication
- K57.90 Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding

**OTHER:** (must include complete written diagnosis description & code)

- \_\_\_\_\_
- \_\_\_\_\_

**\*REQUESTED EDUCATION/TRAINING** Coverage for requested services varies by insurance.

- Initial Medical Nutrition Therapy (Medicare Coverage: 3 hrs initial MNT in the first calendar year).
- Annual Follow Up Medical Nutrition Therapy (Medicare Coverage: 2 hrs).
- Additional MNT services in the same calendar year, \_\_\_\_\_ # of hours requested. Specify change in medical condition, treatment, and/or diagnosis: \_\_\_\_\_

**ADDITIONAL SERVICES**

- Body Composition Analysis
- Healthier Together (Pre-Diabetes Class)

**\*CERTIFICATION STATEMENT**

I certify that Medical Nutrition Therapy is needed under a comprehensive plan for this patient's care.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physician Name and UPIN#—Please Print \_\_\_\_\_

Office Contact name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_