



**Surfside Nutrition**

christine@surfsidenutritionconsulting.com

P: 805. 263. 7273

F: 888. 885. 3597

Please fax this sheet with the following information to (888) 885-3597

- Face sheet/insurance information
- Labs
- Recent physician note
- Medication list

Patient name:	DOB:
Phone:	Insurance:
Home Address:	

The above patient is referred for medical nutrition therapy as a necessary part of medical treatment and prevention of complications for diagnoses listed below.

Check all diagnoses that apply to this referral

√	ICD -10	ICD - 10 Description
		<b>Type 1 diabetes</b>
	E10.64	Type 1 diabetes w/hypoglycemia
	E10.65	Type 1 diabetes w/hyperglycemia
	E10.9	Type 1 diabetes w/no complications
		<b>Type 2 diabetes</b>
	E11.64	Type 2 diabetes w/hypoglycemia
	E11.65	Type 2 diabetes w/hyperglycemia
	E11.8	Type 2 diabetes w/ no complications
		<b>Weight Management</b>
	E66.3	Overweight
	E66.9	Obesity, unspecified
		<b>Kidney Disease</b>
	N18.5	Chronic kidney disease, stage 5
	N18.4	Chronic kidney disease, stage 4
	N18.32	Chronic kidney disease, stage 3b
	N18.31	Chronic kidney disease, stage 3a
		<b>Cardiovascular, Endocrine &amp; Metabolic Diseases</b>
	I10	Hypertension
	E78.0	Pure Hypercholesterolemia
	E78.5	Hyperlipidemia, unspecified
	E88.81	Metabolic Syndrome
	R73.01	Impaired Fasting Blood Glucose
	R73.03	Pre-Diabetes
		<b>Other</b>
	Z71.3	Dietary Counseling & Surveillance

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Print MD Name \_\_\_\_\_

Phone \_\_\_\_\_

NPI Number \_\_\_\_\_

Fax \_\_\_\_\_