


**HONEST NUTRITION USA**

PO Box 8, Livermore, CA 94551 ° P: 925.290.7499 ° F: 925.690.2121

**Referral for Medical Nutrition Therapy and counseling by a Register Dietitian.**

**Fax completed form to HONEST NUTRITION USA, fax 925.690.2121**

Date:	Patient name:
Day time Phone:	Insurance:
DOB:	Address:

Please place a  
 in the box  
 that best  
 describes the  
 patient's  
 diagnosis

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>Digestive System</b>
K21.0	Gastroesophageal reflux disease with esophagitis
K21.9	Gastroesophageal reflux disease without esophagitis
K29.7	Gastritis, unspecified
K50.9	Crohn's disease, unspecified
K51	Ulcerative colitis
K57.1	Diverticulosis of sm intestine w/out perforation
K57.3	Diverticulosis of lg intestine w/out perforation
K58	Irritable bowel syndrome
K90.0	Celiac disease
	<b>Cardiovascular, Endocrine &amp; Metabolic Diseases</b>
I10	Hypertension
E78.0	Pure Hypercholesterolemia
E78.5	Hyperlipidemia, unspecified
E88.81	Metabolic Syndrome
R73.03	Pre-Diabetes
	<b>OTHER – please provide ICD-10 code</b>

The above is referred for **medical nutrition therapy** as a necessary part of medical treatment and prevention for the diagnoses listed. Thank You!

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

Phone \_\_\_\_\_

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

Fax \_\_\_\_\_

MD's NPI \_\_\_\_\_

Date \_\_\_\_\_