Dietitian Group **NPI:** 1447965637
P: (615) 709-0903 **| F:** (855) 634-2216
615 Main St. STE M1, Nashville, TN 37206
info@dietitiangroup.com

Referral for Medical Nutrition Therapy (MNT)

Patient Name:	***Phone Number:***
DOB:	***Insurance:***

Include all applicable diagnoses for this referral

Diabetes & Metabolic Disorders	**Chronic Kidney Disease**
☐ E10.65 - Type 1 diabetes with hyperglycemia	☐ N18.31 - CKD, stage 3a
☐ E11.65 - Type 2 diabetes with hyperglycemia	☐ N18.32 - CKD, stage 3b
☐ O24.419 - Gestational diabetes, unspecified	☐ N18.4 - CKD, stage 4
☐ R73.01 - Impaired fasting glucose	☐ N18.5 - CKD, stage 5
☐ R73.03 - Pre-Diabetes	**Liver**
☐ E28.2 - Polycystic ovarian syndrome	☐ K76.0 - Fatty liver (MASLD/NAFLD)
☐ E88.810 - Metabolic syndrome	**Family History**
Weight Management	☐ Z82.49 - Family history of ischemic heart disease
☐ E66.3 - Overweight	☐ Z83.3 - Family history of diabetes mellitus
☐ E66.9 - Obesity, unspecified	**Additional ICD-10 Codes**
Cardiovascular	☐ Z71.3 - Dietary counseling and surveillance
☐ I10 - Hypertension	☐
☐ E78.5 - Hyperlipidemia, unspecified	☐

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

Provider Signature: _____

Provider Name: _____

Provider NPI: _____

Office Phone: _____

Office Fax: _____

Date: _____

Please fax this completed form to (855) 634-2216