



**Fulfilled Nutrition Therapy**  
 Ashley Rachal, MS, RD, LDN

Instructions: Complete this form and fax to Fulfilled Nutrition Therapy at 318-209-3417. We will contact the patient to schedule an appointment or the patient can call Fulfilled Nutrition Therapy at 318-532-4700 to schedule. We will notify you of the scheduled appointment. Please call with questions or to coordinate care.

**Medical Nutrition Therapy (MNT) Referral Form**  
 Please fax to: 318-209-3417

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

Reason for MNT Referral:

Note: Please send pertinent labs, H&P, and other supporting documentation of diagnoses.

**Common MNT Diagnostic Codes (ICD-10)**

(ICD-10 codes are for your convenience, please alter/ change as needed & check all that apply below.)

- |  |        |  |        |
|--|--------|--|--------|
| <input type="checkbox"/> Abnormal Weight Gain                        | R63.5  | <input type="checkbox"/> Other abnormal glucose              | R73.09 |
| <input type="checkbox"/> Loss of weight                              | R63.4  | <input type="checkbox"/> Gastroesophageal Reflux Disease     | K21.0  |
| <input type="checkbox"/> Anemia                                      | D64.9  | <input type="checkbox"/> Pure Hypercholesterolemia           | E78.0  |
| <input type="checkbox"/> Anemia, Iron Deficiency                     | D50.9  | <input type="checkbox"/> Hyperlipidemia                      | E78.5  |
| <input type="checkbox"/> Anorexia                                    | R63.0  | <input type="checkbox"/> Hypertensive Disorder               | I10    |
| <input type="checkbox"/> Anorexia Nervosa                            | F50.00 | <input type="checkbox"/> Hypoglycemia                        | E16.2  |
| <input type="checkbox"/> Anorexia Nervosa, restricting type          | F50.01 | <input type="checkbox"/> Irritable bowel syndrome            | K58.9  |
| <input type="checkbox"/> Anorexia Nervosa, binge eating/purging type | F50.02 | <input type="checkbox"/> Malnutrition of mild degree         | E44.1  |
| <input type="checkbox"/> Atypical Anorexia Nervosa                   | F50.02 | <input type="checkbox"/> Malnutrition of moderate degree     | E44.0  |
| <input type="checkbox"/> Bulimia Nervosa                             | F50.02 | <input type="checkbox"/> Other protein calorie malnutrition  | E46    |
| <input type="checkbox"/> Atypical Bulimia Nervosa                    | F50.9  | <input type="checkbox"/> Overweight                          | E66.3  |
| <input type="checkbox"/> Binge Eating Disorder                       | F50.8  | <input type="checkbox"/> Obese                               | E66.9  |
| <input type="checkbox"/> Eating Disorder, Unspecified                | F50.9  | <input type="checkbox"/> Morbid Obesity                      | E66.01 |
| <input type="checkbox"/> Other disorders of eating                   | F50.9  | <input type="checkbox"/> Polycystic Ovarian Syndrome         | E28.2  |
| <input type="checkbox"/> Disorder of cardiovascular system           | R94.3  | <input type="checkbox"/> Underweight                         | R63.6  |
| <input type="checkbox"/> Celiac Disease                              | K90.0  | <input type="checkbox"/> Dietary surveillance and counseling | Z71.3  |
| <input type="checkbox"/> Constipation                                | K59.00 | <input type="checkbox"/> Other                               | _____  |
| <input type="checkbox"/> Diabetes, Type II                           | E11.9  | <input type="checkbox"/> Other                               | _____  |

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Group/Practice Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_