



Fulfilled Nutrition Therapy
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Instructions: Complete this form and fax to Fulfilled Nutrition Therapy at 318-528-1747. 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: 318-528-1747

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: _____