

LEXINGTON MEDICAL CENTER - CLINICAL NUTRITION SERVICES

Please Fax to: 803-739-3291... before giving copy to patient

REFERRAL FORM FOR OUTPATIENT MEDICAL NUTRITION THERAPY

Date: _____ Patient's Name: _____

Patient Address: _____

Patient Phone Number: _____

Patient E-mail (optional): _____ Date of Birth: _____

Order: RD to provide Medical Nutrition Therapy for the diagnosis indicated below.

Diagnosis: Unable to Perform Service without Diagnosis (es)

- | | |
|------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> 250.03 Type I diabetes, uncontrolled | <input type="checkbox"/> 401.9 Hypertension |
| <input type="checkbox"/> 250.02 Type II diabetes, uncontrolled | <input type="checkbox"/> 272.0 Hypercholesterolemia |
| <input type="checkbox"/> 250.01 Type I diabetes, controlled | <input type="checkbox"/> 272.1 Hypertriglyceridemia |
| <input type="checkbox"/> 250.00 Type II diabetes, controlled | <input type="checkbox"/> 272.2 Hyperlipidemia |
| <input type="checkbox"/> 790.29 Other abnormal glucose | <input type="checkbox"/> 278.01 Morbid Obesity |
| <input type="checkbox"/> 648.8 Gestational diabetes | <input type="checkbox"/> 278.0 Obesity |
| <input type="checkbox"/> 585.3 Chronic kidney disease, Stage III | <input type="checkbox"/> Other Diagnosis _____ |
| <input type="checkbox"/> 585.4 Chronic kidney disease, Stage IV | |
| <input type="checkbox"/> 585.5 Chronic kidney disease, Stage V | |

Number for Visits Requested: 4 3 2 1

Pertinent Labs (Must be provided for Diabetes and Renal Disease)

_____ mg/dl Fasting Blood Glucose or Random Blood Glucose >200 or 2 hr OGTT >200 mg/dl

_____ Glomerular Filtration Rate or _____ mg/dl Serum Creatinine

Comments: _____

Print Physician Name: _____ NPI: _____

PHYSICIAN'S SIGNATURE: _____ Physician Phone/Fax # _____
(must have this to make appointment)

FOR PATIENT USE:

MY APPOINTMENT DATE IS: ___/___/___

MY APPOINTMENT TIME IS: _____ **BRING THIS**

REFERRAL TO THE APPOINTMENT.

PLEASE CALL (803) 936 – 8887 IF YOU NEED TO CANCEL THIS APPOINTMENT

Fax to: 803-739-3291