Positive Nutrition®
2936 S Highland Dr, Suite 100
Salt Lake City, UT 84106
FAX: 801-931-2156

REFERRAL FOR MEDICAL NUTRITION THERAPY

Please complete this form and fax it to 801-931-2156. We will then schedule the appointment directly with the patient. Since diagnosis is out of scope for the registered dietitian, we require documentation from the diagnosing provider in order to be able to bill insurance under that diagnosis. Completing this form helps us greatly to provide great service to our patients. Thanks in advance for your help!

Patient Information:

Name:	Date:
Insurance:	Date of Birth:
Phone Number:	Home Address:

Common MNT Diagnostic Codes (ICD-10)

These codes are provided for your convenience. Please check all that apply and add in any additional codes in the "other" box or in comments

☐ Abnormal weight gain	R63.5	☐ Hyperlipidemia, unspecified	E78.5
☐ Abnormal weight loss	R63.4	☐ Pure hypercholesterolemia	E78.0
☐ Anemia, iron deficiency	D50.9	☐ Essential hypertension	I10
☐ Anorexia nervosa, unspecified	F50.00	☐ Metabolic syndrome	E88.81
☐ Anorexia nervosa, restricting type	F50.01	☐ Impaired fasting blood glucose	R73.01
☐ Anorexia nervosa, binge eating/purging type	F50.02	☐ Polycystic ovarian syndrome	E28.2
☐ Bulimia nervosa	F50.2	☐ Overweight	E66.3
☐ Binge-eating disorder	F50.81	☐ Obesity	E66.9
☐ Avoidant/restrictive food intake disorder	F50.82	☐ Mixed irritable bowel syndrome	K58.2
☐ Other specified eating disorder	F50.89	☐ Gastroparesis	K31.84
☐ Eating disorder, unspecified	F50.9	☐ Gastro-esophageal reflux disease	K21
☐ Prediabetes	R73.03	☐ Constipation, unspecified	K59
☐ Diabetes, type I	E10.9	☐ Functional diarrhea	K59.1
☐ Diabetes, type II	E11.9	☐ Celiac disease	K90.0
☐ Gestational diabetes	O24.41	☐ Other ICD-10 diagnosis	_____

Please send all pertinent labs, H&P, and any other supporting documentation of diagnosis. FAX: 801-931-2156

Referring Provider Signature:_____ Provider name: _____
Group Name:_____ Practice Phone Number:_____

Comments: