



Dana Zurchin, MS, RDN, LDN
 Phone: 406-219-1747
 Fax: 833-296-4739
 danazurchin@gmail.com
 threeriversnutrition.com

REFERRAL FOR MEDICAL NUTRITION THERAPY (MNT)

Please fax to **833-296-4739** along with pertinent labs, copy of insurance, and any additional notes or supporting documents. Thank you!

Date:	Patient Full Name: Legal Guardian (if under 18): Relationship to Patient:
Phone Number:	Insurance: ID Number: Group Number: <small>(Attach copy of front & back of card)</small>
DOB:	Home Address: Zip:

Above is referred for medical nutrition therapy as a necessary part of medical treatment and prevention of complications for diagnoses listed.

Referral Needs: New Diagnosis New Treatment Plan New Complication

Check all diagnoses that apply to this referral or add new diagnosis code as appropriate

✓	ICD-10	ICD-10 Description	✓	ICD-10	ICD-10 Description
	Z71.3	Dietary counseling and surveillance		E11.__	Type 2 diabetes mellitus, ____
	I10	Essential (primary) hypertension		R73.03	Prediabetes
	E78.0	Pure hypercholesterolemia		K58	Irritable bowel syndrome
	E78.1	Pure hyperglyceridemia		K25	Gastric ulcer
	E78.2	Mixed hyperlipidemia		E03.9	Hypothyroidism, unspecified
	E88.81	Metabolic syndrome			
	F50.__	Anorexia nervosa, _____			
	F50.2	Bulimia nervosa			
	F50.9	Eating disorder, unspecified			

Referring Provider Name: _____ NPI _____

Group/Practice Name: _____ Phone: _____

Physician Signature: _____ Fax: _____