FUEL FOR LIFE: Currently accepting Aetna, BCBS, Cigna, United Healthcare, Seton Healthcare, Superior Health Plan, Community First, MOST MEDICAID AND MEDICARE PLANS

Date:	Patient name:
Day time Phone:	Insurance:
DOB:	Address:

Please place a √ in the box that best describes the patient's diagnosis

√	ICD -10	ICD – 10 Description
		Type 1 diabetes
	E10.64	Type 1 diabetes w/hypoglycemia
	E10.65	Type 1 diabetes w/hyperglycemia
	E10.9	Type 1 diabetes w/no complications
		Type 2 diabetes
	E11.64	Type 2 diabetes w/hypoglycemia
	E11.65	Type 2 diabetes w/hyperglycemia
	E11.8	Type 2 diabetes w/ no complications
		Weight Management
	E66.3	Overweight
	E66.9	Obesity, unspecified
	R63.6	Underweight
	R62.51	Failure to Thrive, Child
		Cardiovascular, Endocrine & Metabolic Diseases
	I10	Hypertension
	E78.0	Pure Hypercholesterolemia
	E78.5	Hyperlipidemia, unspecified
	E88.81	Metabolic Syndrome
	R73.01	Impaired Fasting Blood Glucose
	R73.03	Pre-Diabetes
		GASTROINTESTINAL
	K21.0	Gastroesophageal reflux disease w/o esophagitis
	K21.9	Gastroesophageal reflux disease w/ esophagitis
	K58	Irritable bowel syndrome
	R633	Feeding difficulties
		RENAL: please indicate stage A/B if applicable
	ICD 10 _____	
	ICD 10) _____	OTHER:

The above patient is referred for ***medical nutrition therapy*** as a necessary part of medical treatment and prevention for the diagnoses listed.

Physician Signature _____ Phone _____

Print MD Name _____ Fax _____

NPI Number _____

FAX TO: 210-209-8250

LOCATIONS: 2301 Bagdad Rd, Unit 404, Cedar Park, TX. 78613

15303 Huebner RD. suite 15, San Antonio, TX 78248

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute the delivery of patient services. Please understand as a link in the "Chain of Trust," all PHI will remain confidential as mandated by the Treatment, Payments and Healthcare Operation Laws mandated by HIPPA.