



My Signature Nutrition, LLC
Sara Upson, M.Ed, Rd, LD, CEDRD

Instructions: Complete this form and fax to My Signature Nutrition, LLC 903.561.8799. We will contact the patient to schedule an appointment or the patient can call My Signature Nutrition, LLC at 903.312.8906 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: 903.561.8799

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: _____