DIETITIANS AT HOME™

Phone: 312-850-3438
Fax: 312-638-9872
www.dietitiansathome.com

PHYSICIAN'S ORDER
MEDICAL NUTRITIONAL THERAPY- ADDITIONAL COUNSELING TIME

Patient Name		**Patient Phone Number**
Patient Address		**Patient Alternate Phone Number**
City	**State**	**Zip**
Patient DOB	**Patient Medicare Number**	

QUALIFYING DIAGNOSIS – CHECK ONE

__E10.65 Type 1 DM w/ Hyperglycemia	__E11.65 Type 2 DM w/ Hyperglycemia	__N18.1 CKD Stage 1
__E10.8 Type 1 DM w/ Unspec. Complications	__E11.8 Type 2 DM w/ Unspec. Complications	__N18.2 CKD Stage 2
__E10.9 Type 1 DM w/o Complications	__E11.9 Type 2 DM w/o Complications	__N18.3 CKD Stage 3
__E10.___ Type 1 DM Other	__E11.___ Type 2 DM Other	__N18.4 CKD Stage 4
		__N18.5 CKD Stage 5
		__N18.9 CDK Unspecified

RD Recommends an Additional __ Hours of Medical Nutrition Therapy Due to

DIABETES SYMPTOMS

LABS – PLEASE PROVIDE CURRENT LAB RESULTS

MEDICATIONS – PLEASE LIST MEDICATION

MEDICATION	DOSSAGE	FREQUENCY

Physician Signature			**Date**
Physician Name			**Physician NPI**
Physician Address			**Physician Phone**
City	**State**	**Zip**	**Physician Fax:**