



**Fast Fax Referral Form**

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**Fax: (405) 603-1942**

Office: (405) 603-1941

Nutrition Specialists, LLC

56 Expressway Office Building

5601 NW 72<sup>nd</sup> Street, Suite 200

Oklahoma City, OK 73132

Date: \_\_\_\_\_ Contact Person at Clinic \_\_\_\_\_

Name of Referring Provider: \_\_\_\_\_

Office Number: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Number of pages in fax: \_\_\_\_\_

***Sending a patient office note and labs are appreciated.***



Prescription for Medical Nutrition Therapy

Patient's Name \_\_\_\_\_

Guardian's Name if patient is a minor \_\_\_\_\_

Patient's Home Number \_\_\_\_\_ Cell or Second Number \_\_\_\_\_

Reason for Referral

\_\_\_ Diabetes

\_\_\_ Hypertension

\_\_\_ Pre-diabetes

\_\_\_ Hyperlipidemia

\_\_\_ Obesity

\_\_\_ Abnormal weight gain

\_\_\_ Chronic renal disease

\_\_\_ GI issues

\_\_\_ Other

ICD-10 Codes: \_\_\_\_\_

MD Signature: \_\_\_\_\_

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