Address:
22 East Church Street, Suite 304
Martinsville, Va 24112

Email:samantha@oakstonehealthandnutrition.com
Website:www.oakstonehealthandnutrition.com
Fax: 1-866-422-7535

OakStone Health and Nutrition

Samantha Turner, MPH, RDN, CHES

Instructions: Complete this form and fax it to **1-866-422-7535**. If you prefer to mail or email (must be HIPAA compliant email) to OakStone Health and Nutrition, please send it to **22 East Church Street, Suite 304, Martinsville, Va 24112** or **samantha@oakstonehealthandnutrition.com**. We will contact the patient to schedule an appointment or the patient can call OakStone Health and Nutrition at 276-226-4107 to schedule. Please call with questions or to coordinate care.

Medical Nutrition Therapy (MNT) Referral Form

Please fax to: 1-866-422-7535

Patient Name: ______________________________ DOB: ____________________
Phone: ____________________________________ Email: ____________________
Address:

Reason for MNT Referral:

*Patient Insurance Plan:*______________________________ *Insurance ID#:*____________________

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.)

Diagnosis	Code	Diagnosis	Code
☐ Abnormal Weight Gain	R63.5	☐ Other abnormal glucose	R73.09
☐ Loss of weight	R63.4	☐ Gastroesophageal Reflux Disease	K21.0
☐ Anemia	D64.9	☐ Pure Hypercholesterolemia	E78.0
☐ Anemia, Iron Deficiency	D50.9	☐ Hyperlipidemia	E78.5
☐ Anorexia	R63.0	☐ Hypertensive Disorder	I10
☐ Anorexia Nervosa	F50.00	☐ Hypoglycemia	E16.2
☐ Anorexia Nervosa, restricting type	F50.01	☐ Irritable bowel syndrome	K58.9
☐ Anorexia Nervosa, binge eating/purging type	F50.02	☐ Malnutrition of mild degree	E44.1
		☐ Malnutrition of moderate degree	E44.0
☐ Atypical Anorexia Nervosa	F50.02	☐ Other protein calorie malnutrition	E46
☐ Bulimia Nervosa	F50.02	☐ Overweight	E66.3
☐ Atypical Bulimia Nervosa	F50.9	☐ Obese	E66.9
☐ Binge Eating Disorder	F50.8	☐ Morbid Obesity	E66.01
☐ Eating Disorder, Unspecified	F50.9	☐ Polycystic Ovarian Syndrome	E28.2
☐ Other disorders of eating	F50.9	☐ Underweight	R63.6
☐ Disorder of cardiovascular system	R94.3	☐ Dietary surveillance and counseling	Z71.3
☐ Celiac Disease	K90.0		
☐ Constipation	K59.00	☐ Food Allergy Status	Z91.01
☐ Diabetes, Type I	E10.9	☐ Other	_____
☐ Diabetes, Type II	E11.9	☐ Other	_____

Physician Signature: ______________________________ Date: ____________
Printed Name: ______________________________ NPI: ____________
Group/Practice Name: ______________________________
Address: ______________________________
Office Phone: ______________________________ Fax: ____________