



## Outpatient Nutrition Counseling Referral

Munson Healthcare Cadillac Hospital  
Phone: 231-876-7028 Fax: 231-876-7834

*\*(Do not use this form if patient has Diabetes)*

Patient Legal Name: \_\_\_\_\_  
First Last Middle Initial

Phone Number: \_\_\_\_\_ Patient ID Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Appointment - Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dietary Counseling and Surveillance Code: V65.3 / Z71.3

**PLEASE LIST EACH DIAGNOSIS AND CORRESPONDING ICD BILLING CODE BELOW:**

Diagnosis: \_\_\_\_\_ Code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Code: \_\_\_\_\_

Ht \_\_\_\_\_ Wt \_\_\_\_\_ BMI \_\_\_\_\_ Code: \_\_\_\_\_

Pertinent Lab Data (If not on Powerchart): Chol \_\_\_\_\_ HDL \_\_\_\_\_

For Children: Send growth chart Trig \_\_\_\_\_ LDL \_\_\_\_\_

FBS \_\_\_\_\_ A1C \_\_\_\_\_ Other \_\_\_\_\_

Diet Comments/Reason for Referral: \_\_\_\_\_

Physician Name (Printed): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physician Office Phone Number: \_\_\_\_\_ Physician Fax Number: \_\_\_\_\_

**PLEASE CHECK WITH INSURANCE PROVIDER TO SEE IF PROCEDURE CODE  
97802 (MEDICAL NUTRITION THERAPY) IS COVERED FOR THE DIAGNOSES LISTED ABOVE.  
FAX THIS ALONG WITH MOST CURRENT OFFICE NOTES TO: CENTRAL SCHEDULING 231-876-7834**

**MUNSON HEALTHCARE CADILLAC HOSPITAL  
OUTPATIENT DIETICIAN SERVICES**

***PATIENT PLEASE BRING THIS FORM TO YOUR APPOINTMENT***

