



Medicare Referral Form

***please complete along with main referral form**

Patient Name: _____ DOB: _____

Medicare provides coverage of Medical Nutrition Therapy (MNT) for beneficiaries diagnosed with diabetes or renal disease (GFR 13-50, and Stage 5, not on dialysis).

MNT provided by a registered dietitian may result in improved diabetes and renal disease management and other health outcomes and may help delay disease progression.

DIAGNOSIS:

<input type="checkbox"/>	E10.____	Type 1 diabetes mellitus	<input type="checkbox"/>	N18.1	Chronic kidney disease, stage 1
<input type="checkbox"/>	E11.____	Type 2 diabetes mellitus	<input type="checkbox"/>	N18.2	Chronic kidney disease, stage 2
<input type="checkbox"/>	O24.410	Gestational diabetes mellitus, diet-controlled	<input type="checkbox"/>	N18.3	Chronic kidney disease, stage 3
<input type="checkbox"/>	O24.414	Gestational diabetes mellitus, insulin-controlled	<input type="checkbox"/>	N18.4	Chronic kidney disease, stage 4
<input type="checkbox"/>		Other	<input type="checkbox"/>	N18.5	Chronic kidney disease, stage 5
			<input type="checkbox"/>	Z94.0	Kidney Transplant Status

Pt to monitor blood glucose _____ times per day.

Is patient cleared to exercise? Yes No

MEDICATIONS _____

LABS/Date: _____

***A1C** _____

HDL _____

LDL _____

CHOL _____

TRIG _____

FBS _____

Weight _____

RENAL LABS:

*GFR: _____ BUN: _____ Cl: _____ K+: _____ Ca: _____ CRET: _____
Na: _____ Hgb: _____ Alb: _____ Ph: _____ Hct: _____ PAB: _____

Physician Signature: _____ Date _____

- Office locations in Athens, Cumming and Marietta, Georgia/Video
- Licensed in Georgia, Tennessee, North Carolina, and South Carolina
 - Most insurances accepted

Call: 404-725-0808 (administration)

E-mail: info@ingridknightrd.com

1026 Twelve Oaks Drive, Ste A

Watkinsville, GA 30677

FAX 1-855-449-4606

www.ingridknightrd.com