MidMichigan
Medical Center
Gladwin

515 Quarter Street
Gladwin, MI 48624
Phone (989) 246-6292
Fax (989) 246-6400

Medical Nutrition Therapy Referral Form

Date of Referral: Appt. Date:

Patient Name: DOB:

Address:

City: State: Zip:

Phone (H) (W)

Referring Physician:

Insurance(s):

Check all diagnosis' that apply.

Diabetes		Hypertension		Obesity	
Please use Diabetes Referral		☐ Hypertension	401.9	☐ Simple	278.00
Kidney		☐ HTN 2° Heart Disease	402.90	☐ Pituitary	253.8
☐ **Non-dialysis kidney failure**	586			☐ Morbid	278.01
☐ **Post Kidney Transplant**	V42.0			☐ Bulimia	783.6
Elevated Lipid		Other Diabetes		Nutrition	
☐ Hypercholesterolemia	272.0	☐ Impaired Glucose Tol.	790.2	☐ Anorexia	783.0
☐ Hypertriglyceridemia	272.1	☐ Steroid induced DM	402.90	☐ Anorexia Nervosa	307.1
☐ Mixed Hyperlipidemia	272.2	☐ Impaired Fasting Glucose		☐ Osteoporosis	733.00
☐ Coronary Atherosclerosis	414.0x			☐ Hypoglycemia	251.2
				☐ Other	

Specific Requests/Comments:

Recent lab work:

Lab test	Date	Result
Blood Glucose		
Cholesterol		
TG		
HDL		
LDL		
BUN/Cr		
Height		
Weight		
Blood Pressure		

Provider Signature (required): _____Date: _____
Provider Name (printed):_____

White Copy – Diabetes Center
Yellow Copy - Provider