



Above Diabetes, PLLC
 Medical Nutrition Therapy (MNT) &
 Diabetes Self-Management Education (DSMES) Referral

REFERRAL FROM:	REFERRAL TO: Above Diabetes, PLLC NPI: 1023723079 8970 County Road 512, Anna, TX 75409 Tel: (435)-339-0220 Fax: (435)-339-0330
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1. Patient Information (OR attach demo sheet):

Patient Name:	
DOB:	
Contact Phone Number:	

2. Services Requested (check one):

- BOTH** MNT & DSMES (*recommended*) MNT only DSMES only

3. Diagnoses Supporting Nutrition Therapy (check all that apply)

ICD-10	Description	ICD-10	Description
Diabetes / Blood Sugar Related		Weight / Obesity Related	
<input type="checkbox"/> R73.03	Prediabetes	<input type="checkbox"/> E66.811	Class 1 Obesity (BMI 30 to <35)
<input type="checkbox"/> E10.9	DM1 w/o complications	<input type="checkbox"/> E66.812	Class 2 Obesity (BMI 35 to <40)
<input type="checkbox"/> E10.65	DM1 with hyperglycemia	<input type="checkbox"/> E66.813	Class 3 Obesity (BMI 40 or greater)
<input type="checkbox"/> E11.9	DM2 w/o complications	<input type="checkbox"/> E66.01	Morbid (severe) obesity due to excess calories
<input type="checkbox"/> E11.65	DM2 with hyperglycemia	<input type="checkbox"/> E66.09	Other obesity due to excess calories
Cardiovascular		Metabolic / Insulin Resistance	
<input type="checkbox"/> I10	Essential hypertension	<input type="checkbox"/> E88.810	Metabolic Syndrome
<input type="checkbox"/> E78.5	Hyperlipidemia	<input type="checkbox"/> E88.819	Unspecified Insulin Resistance
Other Diagnosis(es):			

4. Referring Provider Signature (MD, DO, NP, or PA)

Referring Provider: _____ NPI: _____
 Signature of Provider: _____ Date: _____

5. Return completed form to FAX: 435-339-0330 or EMAIL: support@abovediabetes.com

Unsigned or incomplete forms cannot be processed.