



Sensible Nutrition Hawai'i Island, *Gabrielle Parilla Taylor, MS RD LD*

Address: 76-189 Kamehamalu St. Kailua-Kona, HI 96740

Phone: 808-938-7319 **Fax:** (808) 437-7190

Date:	Patient Name:
Phone:	Insurance:
DOB:	Address:

This is referred for *medical nutrition therapy* as a necessary part of medical treatment and prevention for the diagnoses listed.

✓	<u>ICD-10</u>	<u>ICD-10 Description</u>
	E10.__	Type 1 Diabetes Mellitus
	E10.1	Type 1 Diabetes mellitus with Ketoacidosis
	E10.2	Type 1 Diabetes mellitus with Kidney complications
	E10.3	Type 1 Diabetes mellitus with Ophthalmic complications
	E10.4	Type 1 Diabetes mellitus with Neurological complications
	E10.5	Type 1 Diabetes mellitus with Circulatory complications
	E10.6	Type 1 Diabetes mellitus with Other specified complications
	E11.__	Type 2 Diabetes mellitus
	E11.0	Type 2 Diabetes mellitus with Hyperosmolarity
	E11.2	Type 2 Diabetes mellitus with Kidney complications
	E11.3	Type 2 Diabetes mellitus with Ophthalmic complications
	E11.4	Type 2 Diabetes mellitus with Neurological complications
	E11.5	Type 2 Diabetes mellitus with Circulatory complications
	E11.6	Type 2 Diabetes mellitus with Other specified complications
	E11.9	Type 2 Diabetes mellitus without other specified complications
	Z79.4	Long-term (current) use of Insulin
	N18.5	Chronic Kidney Disease, Stage 5 (non-dialysis)
	N18.4	Chronic Kidney Disease, Stage 4
	N18.32	Chronic Kidney Disease, Stage 3b
	N18.31	Chronic Kidney Disease, Stage 3a

Please include a facesheet along with this form faxed to Sensible Nutrition HI at **(808) 437-7190**. If a patient's diagnosis is not listed above, please contact Gabrielle at 808-938-7319. Medicare will only cover patients with a diagnosis of Diabetes, and/or CKD stages 3-5, non-dialysis.

Physician Signature: _____

Phone: _____

Print MD Name: _____

Fax: _____

NPI Number: _____

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