



NUTRITION AND WELLNESS CENTER
PHYSICIAN REFERRAL ORDER



12401 Washington Blvd.
Whittier, CA 90602
P: 562.698.0811
TDD: 562.696.9267

ACT: MR:
DOB: RM:
ADM: RM:

Please attach a copy of patient's ID, insurance card, labs, list of medications, and the last provider note.

FAX COMPLETED FORM TO 562.789.4335

PATIENT INFORMATION

Form with fields: Last Name, First Name, DOB, Address, City, State, Zip Code, Phone, Cell, Preferred Language (English, Spanish, Other)

DIAGNOSIS (reason for referral, check all that apply):

Form with checkboxes for: Type 1 Diabetes, Type 2 Diabetes, Chronic Kidney Disease, Overweight (BMI 25.0-29.9), Obesity (BMI 30.0 or greater), NAFLD, NASH, IBS, Other

REQUESTED SERVICES

Form with two columns: Diabetes Self-Management Education & Support/Training (DSMES/T) and Medical Nutrition Therapy. Includes Medicare coverage details, CPT codes, and checkboxes for initial and follow-up services.

FOR QUALIFYING PROVIDERS ORDERING DSMES/T

I certify that I am managing this patient's diabetic condition and the training described under the plan of care is medically necessary.

Signature lines for Time, Date, Provider Signature, Provider Printed Name, Phone #, Fax #

NUTRITION AND WELLNESS CENTER PHONE NUMBER – 562.698.0811 EXT. 11320