Medical Nutrition Therapy (MNT) Order Form

fax completed form to:
Meriter McKee Clinic: 608- 417-8801 Middleton Clinic: 608-828-3444 W. Washington Clinic 608-417-8301

Patient Information:		
Patient Name:		Meriter Epic MRN:
Address:		Date of Birth:
City:	State/Zipcode:	Gender: ☐ Male ☐ Female

Diagnosis (reason for referral): *Documentation of Medical Necessity (please check all that apply)*

☐ Hypertension ☐ Dyslipidemia ☐ PVD ☐ CHD ☐ Stroke ☐ Obesity

☐ Renal Disease *please specify diagnosis:*

☐ Other: _____

For diabetes, please use Diabetes Services Order Form

Request Medical Nutritrion Therapy for:

☐ **Renal Diet:** individualized nutrition counseling for pre-dialysis renal diet.
Medicare covers MNT for patients with kidney disease (who aren't on dialysis), have a kidney transplant, or have diabetes. *For renal patients with diabetes, please use Diabetes Services Order Form.*

Other MNT services that may require prior authorization before scheduling patient:

☐ **Cardiovascular Disease Treatment/Prevention:** instruction and counseling on therapeutic diets for high cholesterol and triglycerides, high blood pressure and heart disease risk reduction.

☐ **Weight Management:** individualized nutrition counseling for lifestyle and diet changes to promote weight loss.

☐ **Gastrointestinal Problems-** instruction on medical nutrition therapy for:
☐ Irritable Bowel ☐ GERD ☐ Ulcerative Colitis ☐ Crohn's Disease ☐ Celiac Disease ☐ Other, please specify: _____

_____

☐ **Other needs:** ☐ Texture Modifications ☐ Food allergies/Intolerances
☐ Cancer ☐ Liver Disease ☐ HIV/AIDS ☐ Vegetarianism
☐ Other, please specify: _____

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Name of Referring Physician (please print)	
Signature of Referring Physician:	**Date:**

If patient is not a Meriter Medical Clinic patient, please attach medical history, recent labs and list of current medications. Information is needed for patient eligibility and outcomes monitoring.