

**Outpatient Medical Nutrition Therapy
Physician Order**

FAX completed form to 937-641-2336

*For questions or to schedule an appointment
now: Call toll-free: 1-855-887-7364*



Nutrition Services

Central Scheduling will call this
Patient to schedule the appointment
& notify your office.

Patient Name: _____

Date of Birth: _____

Patient Street Address: _____

Patient City / State / Zip: _____

Insurance: _____

Patient contact: Daytime Phone: _____

Mobile Phone: _____

Visit Type – Please check appropriate visit type

Medical Nutrition Therapy with follow-up PRN

Medical Nutrition Therapy follow-up

Primary Diagnosis - Please list all medical diagnoses that apply, especially if "Obesity" is marked

DM HTN Hyperlipidemia (Other) _____

Additional diagnosis: _____ Obesity s/p bariatric surgery (type) _____

Vitals: Height: _____ Weight: _____ Blood Pressure: _____

Lab values: (Please fill out or fax copies of recent pertinent lab reports) Check if labs are in EPIC

Sodium _____	Total Cholesterol _____	Magnesium _____
Potassium _____	Triglyceride _____	Phosphorus _____
Fasting Glucose _____	HDL _____	Zinc _____
HbA1C _____	LDL _____	Vitamin A _____
BUN _____	Copper _____	Vitamin B ₁ _____
Creatinine _____	Ferritin _____	Vitamin B ₁₂ _____
Albumin _____	Folate _____	25-OH, D ₃ _____

Medications & Dosages: Blood Pressure: _____

Diabetes: **Insulin:** _____ **Other diabetes meds:** _____

Lipid Lowering _____ GERD _____ Coumadin

Other _____

Diet Order: _____

(If you prefer, we can determine the calorie level based on IBW and activity level)

Physician signature _____ **Date:** _____

signature please, stamps are no longer valid

Print Physician name: _____

Contact Person Name: _____

Physician Street address: _____

Physician Office Phone: _____

Physician city/state/zip: _____

Physician Office Fax: _____

Appointment made at Miami Valley Hospital North Miami Valley Hospital Miami Valley Hospital South
 Upper Valley Medical Center Atrium Medical Center

Date of Appointment: _____ Time: _____

Cent. Sch. to
complete

➤ *Please ask the patient to arrive at Outpatient Registration 30 minutes prior to their scheduled appointment time. They will need identification and their insurance information to register for their appointments.*