



Southwest Dietetic Group, Inc

201 Cedar St SE, Suite 505
Albuquerque, NM 87106
Ph: 505.353.5226
Fax: 505.792.6956
www.swdieteticgroup.com

Referral for Medical Nutrition Therapy (MNT)

Please attach current chart note and labs, including list of medications and dosages.

Patient Name _____ Date of Birth _____

Daytime Phone _____ Insurance _____

****REASON FOR ORDERING MNT****
(PLEASE PROVIDE ICD-9 DIAGNOSIS CODE(S) TO THE HIGHEST DEGREE OF SPECIFICITY)

Requested Service (may check more than one option):

Initial MNT Follow-Up MNT Hours of MNT Requested _____

Physical Activity Restrictions:

None Limit to: _____

Additional Comments:

Referral To:

General Referral (will be assigned to an appropriate RD upon receipt)

Lauren Pickens MS RD LD Paula West RD LD

MNT is a necessary part of the patient's medical treatment for the medical diagnosis(es) listed above.

Referring Provider Signature _____ Date _____

NPI _____ Contact Name/Phone _____

Please fax completed form, recent chart note, labs, including list of medications and dosages to: 505-792-6956