

**AK Nutrition and Wellness, LLC**

North Bergen, NJ 07047

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Date:	Patient name:
DOB:	Insurance:
Patient Home #:	Patient Cell #:

Please place a  
√ in the box  
that best  
describes the  
patient's  
diagnosis

√	ICD -10	ICD - 10 Description
	E78.0	Pure hypercholesterolemia
	E78.5	Hyperlipidemia, unspecified
	E66.0	Obesity due to excess calories
	E66.01	Morbid obesity due to excess calories
	E66.3	Overweight
	E66.8	Other obesity
	I10	Essential (primary) hypertension
	E11.__	Type 2 diabetes mellitus
	R73.09	Pre-diabetes
	K21.0	Gastroesophageal reflux with esophagitis
	K21.9	Gastroesophageal reflux without esophagitis
	K50.__	Crohn's disease _____
	K57.__	Diverticulosis of _____
	K58	Irritable bowel syndrome (IBS)
	K90.0	Celiac disease
		Other

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

Physician Signature \_\_\_\_\_

Phone \_\_\_\_\_

Print MD Name \_\_\_\_\_

Fax \_\_\_\_\_

NPI Number \_\_\_\_\_