



Nutrition Works LLC

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MEDICARE REFERRAL FOR MEDICAL NUTRITION THERAPY at NUTRITION WORKS, LLC

Name _____
Address _____
City _____ State _____ Zip _____
Age _____ Height _____ Weight _____ Blood Pressure _____

Would you like your patient to receive meter instruction for
SBGM? Yes No

Diabetes Dx: Type 1 _____ Type 2 _____ Mo/Yr. Diagnosed _____

**Medical Nutrition Therapy is a covered benefit only for
Medicare Patients with FBG 126 mg/dL, documented on two
separate occasions, or with random FBG of over 200 mg/dL
plus symptoms. Please document the following and attach
copies of laboratory analyses or SBGM results:**

Date _____ FBG (mg/dL) _____

- 1.
- 2.

Complicating Conditions:

_____ HTN _____ Dyslipidemia
_____ Nephropathy _____ Neuropathy

Pertinent Lab Data: Please Attach Recent Laboratory Results

Medications: Insulin Regimen _____
Oral Meds _____

Any Restrictions regarding Exercise _____

If none, please initial here for medical clearance for exercise _____

Date _____ Physician Signature _____