



# BERMAN NUTRITION SERVICES

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient Phone:** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

**Insurance Company and ID:** \_\_\_\_\_

**Diagnosis ICD-10 Code:**

<input type="checkbox"/> N18.1 Chronic Kidney disease, Stage 1	<input type="checkbox"/> I10 Essential (primary) hypertension	<input type="checkbox"/> K59 Constipation
<input type="checkbox"/> N18.2 Chronic Kidney disease, Stage 2	<input type="checkbox"/> I11.0 Hypertensive heart disease w/ congestive heart failure	<input type="checkbox"/> D50.9 Iron deficiency anemia, unspecified
<input type="checkbox"/> N18.3 Chronic Kidney Disease, Stage 3	<input type="checkbox"/> I11.9 Hypertensive heart disease w/o congestive heart failure	<input type="checkbox"/> D64.9 Anemia, unspecified
<input type="checkbox"/> N18.4 Chronic Kidney Disease, Stage 4	<input type="checkbox"/> I50 Heart Failure	<input type="checkbox"/> M10.00 Idiopathic gout, unspecified site
<input type="checkbox"/> N18.5 Chronic Kidney Disease, Stage 5	<input type="checkbox"/> E11.2 Type 2 diabetes mellitus w/ kidney complications	<input type="checkbox"/> E66.3 Overweight
<input type="checkbox"/> Z48.22 Encounter for aftercare following kidney transplant	<input type="checkbox"/> M10.00 Idiopathic gout, unspecified site	<input type="checkbox"/> E66.8 Other Obesity
Other:	Other:	Other:

*Please include face sheet, insurance information, recent labs, and most recent MD note.  
Thank you!*

*Julia E. Berman-Pare, RD LDN*

*Specializing in Plant-Based Renal Diets / Licensed in MA, RI, and FL  
Accepting Medicare, Neighborhood Health Plan & All Major Commercial Insurances*

For Medicare patients, this referral authorizes additional Medical Nutrition Therapy visits as necessary to treat ongoing diagnoses of Diabetes and Kidney Failure.