Return to Amy Porter:
amy.porter@dietitiansofalaska.com
or
Fax 907-644-8448

DIETITIANS OF ALASKA
Guiding You to Better Health

PATIENT REFERRAL FORM TO DIETITIANS OF ALASKA

Today's Date:_____

Patient's Name:_____
Last First MI

DOB: _____ Phone:_____

Insurance Plan: _____

Referring Provider Information

Provider's Name:_____

Practice/Clinic Name:_____

Provider's Phone: _____ Provider's Fax:_____

Provider's Address_____

Provider's NPI Number:_____

At this time, we kindly request that the following patients not be referred to Dietitians of Alaska:

- **Dialysis (hemodialysis and peritoneal dialysis)**
- **Tube feeds (NG, NJ, PEG) or TPN**
- **Eating disorders (anorexia nervosa, bulimia nervosa, binge eating disorder, ARFED)**
- **Adult or pediatric malnutrition or failure to thrive**

***** A cash pay option is available for those without coverage for Medical Nutrition Therapy. Please be aware that Medicaid will not cover MNT and Medicare only covers if the referral is for the management of diabetes or chronic kidney disease *****

Anchorage Bariatrics LLC DBA Dietitians of Alaska
3909 Arctic Blvd, Suite 103, Anchorage, Alaska, 99503
Phone: 907-644-8445
Fax: 907-644-8448
www.DietitiansofAlaska.com

Return to Amy Porter: amy.porter@dietitiansofalaska.com or Fax 907-644-8448

Primary Reason for Referral (ICD-10) ***At least one Primary diagnosis is required *

- ☐ Celiac Disease (K90.0)
- ☐ Constipation (K59)
- ☐ Crohn's Disease, unspecified (K50.9)
- ☐ Diverticulosis (K57.3)
- ☐ Essential Hypertension (I10.0)
- ☐ Fatty liver disease, nonalcoholic (76.0)
- ☐ Gastroesophageal reflux disease with esophagitis (K21.0)
- ☐ Gastroesophageal reflux disease without esophagitis (K21.9)
- ☐ Hypercholesterolemia (E78.0)
- ☐ Hyperlipidemia, unspecified (E78.5)
- ☐ Hypothyroidism, unspecified - E03.9
- ☐ Iron Deficiency Anemia (d/t inadequate iron intake) (D50.8)
- ☐ Iron Deficiency Anemia, unspecified (D50.9
- ☐ Irritable bowel syndrome (K58)
- ☐ Morbid (severe) Obesity due to excess calories (E66.01)
- ☐ Obesity, unspecified (E66.9)
- ☐ Polycystic Ovarian Syndrome (E28.2)
- ☐ Postural Orthostatic Tachycardia Syndrome (POTS) (G90.A)
- ☐ Pre-diabetes (R73.03)
- ☐ Type 1 diabetes mellitus without complications (E10.9)
- ☐ Type 2 diabetes mellitus without complications (E11.9)
- ☐ Ulcerative colitis (K51)
- ☐ Unspecified Heart Disease (I51.9)

- ☐ Other:

Secondary Diagnoses (Helpful for Insurance Coverage)

- ☑ Dietary counseling and surveillance (Z71.3)

Special Instructions

- ☐ _____

Provider Signature:_____ **Date:**_____

Anchorage Bariatrics LLC DBA Dietitians of Alaska
3909 Arctic Blvd, Suite 103, Anchorage, Alaska, 99503
Phone: 907-644-8445
Fax: 907-644-8448
www.DietitiansofAlaska.com