



Healthy living through nutrition and fitness
Afton Oaks Bldg I & II – 400 N Loop 1604 E., Suite 175, San Antonio, TX 78232

FAX REQUEST TO: **JAN TILLEY & ASSOCIATES**
REASON: **MEDICAL NUTRITION THERAPY (CPT code 97802)**
OFFICE: 210-545-4422 FAX: 210-545-4495

DATE: _____ DIETITIAN: _____
DOCTORS NAME: _____ PAGES SENT: _____
OFFICE#: _____ FAX#: _____

****Please include pertinent *MEDICAL HISTORY* and/or *LABS*****

Patient Name _____ Phone Number _____
Insurance Name: _____

Primary Reasons for Referral (Typical ICD-Code provided):

Diagnosis

- _____ Failure to Thrive/Malnutrition (783.41)
- _____ Obesity
- _____ Diabetes Type 1(250.01)/Type 2 (250.0)
- _____ Food Allergy (558.3)
- _____ Hyperlipidemia (272.4)
- _____ Hypothyroidism (244.9)/Hyperthyroidism (242.90)
- _____ GI Disorder
- _____ Eating Disorder
- _____ Family Nutrition Counseling
- _____ Other:
- _____ Alternate ICD-9 Code:

Exercise:

Capable: ☐ yes ☐ no Impaired: ☐ yes ☐ no Comment:

Notes _____

Physicians Signature _____ NPI# _____