

Nutrition Consult

TO: Nazirber De La Cruz, RDN, CDN, CDCES
Registered Dietitian Nutritionist
Certified Diabetes Care & Education Specialist
8708 Justice Ave., Unit C6 (Ground Floor)
Elmhurst, NY 11373, Tel: 718-507-8866

FROM:

Name _____

Date of Referral _____ Date of Birth _____

- | | |
|---|---|
| <input type="checkbox"/> OBESITY (E66.9) | <input type="checkbox"/> TYPE I DIABETES (E10.8) |
| <input type="checkbox"/> OVERWEIGHT (E66.3) | <input type="checkbox"/> PRE-DIABETES (R73.03) |
| <input type="checkbox"/> UNDERWEIGHT (R63.3) | <input type="checkbox"/> FAILURE TO THRIVE,
CHILD (R62.51) |
| <input type="checkbox"/> TYPE II DIABETES (E11.8) | |

Comments _____

Doctor's
Signature _____

PLEASE FAX REFERRAL TO 718-507-8867