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REFERRAL to DIETITIAN
 (info required by CMS 1500 form)

Please fill out and fax or mail to the Dietitian. Submit for insurance preauthorization, if applicable

Patient name: _____ DOB _____ Phone (____) _____ Address: _____
 City _____ TX Zip: _____ Insurance Plan Name or Program Name _____ or Private Pay.
 Insured's I.D. Number _____ Insured's Name _____
 Insured's Policy, Group Number, or FECA number _____ 2nd Health Plan Name? _____
 Subscriber name for 2nd insurance _____ ID# _____ Policy/Group/FECA _____ DOB _____

Provider Referred By: _____ **NPI #** _____ **Prior Authorization Number** _____

Authorized Signature _____ **Practice/group Name:** _____

Phone: _____ Address: _____ City: _____ State ____ Zip: _____

Patient is Referred for Dx code(s) please circle

ICD-9	Endocrine, Nutritional and Metabolic, Immunity
250.00	Diabetes II/unspecified
250.01	Diabetes I
250.02	Diabetes II/unspecified, uncontrolled
250.03	Diabetes, uncontrolled
250.1	Diabetes with ketoacidosis
251.2	Hypoglycemia, unspecified
256.4	Polycystic ovarian syndrome
271.9	Unspec disorder of carb transport & metab
272.0	Pure hypercholesterolemia
272.1	Pure hyperglyceridemia
272.4	Combined hyperlipidemia
272.2	Mixed hyperlipidemia
272.9	Unspecified disorder of lipid metabolism
277.7	Dysmetabolic syndrome X
278.00	Obesity, unspecified
278.01	Morbid obesity
278.02	Overweight
274.00	Gout
280.9	Anemia, Iron deficiency
281.9	Anemia, nutritional deficiency
V18.0	Family history of DM
V18.19	Fm Hx of other endocrine/metabolic diseases
CIRCULATORY SYSTEM	
401.0	Essential hypertension
401.9	Hypertension, unspecified
402.0	Hypertensive heart disease
403.0	Hypertensive renal disease
414.0	Coronary atherosclerosis
428.0	Congestive heart failure

ICD-9	DIGESTIVE SYSTEM
530.81	GERD
555.9	Crohn's disease NOS
556.0	Ulcerative (chronic) enterocolitis
562.10	Diverticulosis of colon
562.11	Diverticulitis of colon
564.1	Irritable bowel syndrome
571.9	Liver disease, chronic, unspecified
575.9	Gallbladder disease, unspecified
579.0	Celiac disease
579.3	Hypoglycemia or malnutrition after GI surgery
579.9	Malabsorption syndrome NOS
GENITOURINARY SYSTEM	
585.3	Chronic kidney disease, Stage III (moderate)
585.4	Chronic kidney disease, Stage IV (severe)
585.5	Chronic kidney disease, Stage V
585.6	End stage renal disease
585.9	Chronic kidney disease, unspecified
BEHAVIORAL	
307.1	Anorexia Nervosa
307.5	Eating Disorder, NOS
307.51	Bulimia Nervosa
SKIN AND SUBCUTANEOUS TISSUE	
693.1	Dermatitis: Due to food
783.21	Loss of weight
790.2	Abnormal glucose
OTHER	