

Crystal Clear Nutrition, PLLC

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## Medical Nutrition Therapy Referral Form

Please complete and return to  
Crystal Hein at Fax # 800-891-4959 or email: [crystaldiitian@gmail.com](mailto:crystaldiitian@gmail.com)

Patient Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Patient Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date: \_\_\_\_\_

Physician's name (please print) \_\_\_\_\_

Physician's NPI \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

**Diagnosis (please write in applicable ICD 10 code)**

**For Medicare Coverage: MUST be Diabetes or Chronic Renal Failure diagnosis**

Diagnosis: \_\_\_\_\_ ICD 10: \_\_\_\_ \_\_\_\_ \_\_\_\_ . \_\_\_\_ \_\_\_\_

Diagnosis: \_\_\_\_\_ ICD 10: \_\_\_\_ \_\_\_\_ \_\_\_\_ . \_\_\_\_ \_\_\_\_

Diagnosis: \_\_\_\_\_ ICD 10: \_\_\_\_ \_\_\_\_ \_\_\_\_ . \_\_\_\_ \_\_\_\_

**Possible Covered Diagnosis:**

***(Please use specific code that correlates with your medical diagnosis)***

Diabetes		Hypercholesterolemia	
Hypertension		Hyperlipidemia	
Overweight	E66.3	Morbid Obesity	E66.01
Obesity, unspecified	E66.9		