Treat your body and mind to a healthy life.

FOOD N YOU

C.M. Farina, LLC

Nutrition Prescription Referral

Patient Name:_____ **Date of Birth (DOB)**:_____

Prescription Order for Nutritional Assessment and Consultation: C.M. Farina, LLC
www.foodnyou.com **505-438-2886** **Carole M. Farina, RDN/LD**
Insurance billing for: Blue Cross Blue Shield NM and Presbyterian
BCBS and Presbyterian Salud!/Centennial Care NM
(*Copay and deductibles must be paid at time of service. Check your policy for nutrition coverage. Patient is responsible for bill if non-payment of services by insurance company after 30 days.)*

Patient Diagnoses (ICD-9/ICD-10 code, description):

- □ 783.1/R63.5 Abnormal Weight Gain
- □ 783.2/R63.4 Abnormal Weight Loss
- □ 250/E11 Type II Diabetes
- □ 790.21/R73.01 Impaired Fasting Glucose
- □ 790.29/R73.09 Hyperglycemia
- □ 251.2/E16.2 Hypoglycemia
- □ 277.7/E88.81 Metabolic Syndrome
- □ _____ _____
- □ 272.4/E78.5 Hyperlipidemia
- □ 272.2/E78.2 Mixed Hyperlipidemia
- □ 796.2/R03.0 Elevated Blood Pressure
- □ 562.10/K57.3 Diverticulosis
- □ 562.11/K57.32 Diverticulitis
- □ 564.1/K58.9 Irritable Bowel Syndrome
- □ 564.00/K59 Constipation
- □ _____ _____

V Codes- *that may be used in absence of a billable diagnosis*:

- □ V15.05/Z91.018 Other Food Allergies *or provide specific food allergy code*_____
- □ V18.0/Z83.3 Family History Diabetes
- □ V65.3/Z71.3 Dietary Counseling/Inappropriate Diet

Medical Provider Information *or stamp in space provided:*
Name:_____
Address:_____
_____ NM _____

Phone:_____

_____ _____
Medical Provider Signature **Date**