

FAX TO CENTRALIZED SCHEDULING:
Centralized Scheduling Fax Number: 603.740.2398
Please include:
• Recent history and physical or office note
• laboratory results

Date: _____

Referring Provider: _____

PATIENT INFORMATION

Name: _____ Date of Birth: _____

Parent's Name (if patient is a minor): _____

Phone Number (home): _____ (work): _____

****Patients carrying diagnosis codes of Diabetes should be referred to the Diabetes Services Department.***

PATIENT'S HEALTH INSURANCE
Insurance Company Name: _____
ID #: _____
Referral done (please check): Yes – Pre-certification # _____
 No – Reason: _____

Required Signature:

Provider Signature

Date / Time



Reason for intervention/primary diagnosis:

ICD-10	CODE	✓	ICD-10	CODE	✓
ESOPHAGUS			COLON		
Barrett's Esophagus, NOS	K22.70		Other Specified Diseases of Intestine	K63.89	
Esophagitis – Reflux	K21.0		Crohn's Disease of Large intestine w/o Complications	K50.10	
Gastroesophageal Reflux Disease w/ Esophagitis	K21.0		Diverticulitis without Perforation or Abscess	K57.92	
Hiatal Hernia w/Obstruction, w/o Gangrene	K44.0		Diverticulosis without Perforation of Abscess	K57.90	
STOMACH			IBS w/o Diarrhea	K58.9	
Bariatric Surgery Status	Z98.84		Ulcerative Colitis, Unspecified	K51.90	
Gastroparesis – non diabetic	K31.84				
DUODENUM/SMALL BOWEL			MISCELLANEOUS		
Celiac Disease, NOS	K90.0		Anorexia Nervosa, unspecified	F50.00	
Crohn's Disease, unspecified, w/o complications	K50.90		Bulimia Nervosa	F50.2	
Intestinal Malabsorption, Unspecified	K90.90		Dietary Counseling and Surveillance	Z71.3	
Postsurgical Malabsorption, NEC	K91.2		Eating Disorder, not specified	F50.9	
LIVER			Excessive Weight Gain in Pregnancy	O26.00	
Alcoholic Cirrhosis without Ascites	K70.30		Failure to Thrive (Adult)	R62.7	
Alcoholic Hepatitis without Ascites	K70.10		HTN	I10	
Alcoholic Liver Disease, Unspecified	K70.9		Hypercholesterolemia	E78.00	
Unspecified Cirrhosis of Liver	K74.60		Hyperemesis Gravidarum, mild	O21.0	
Fatty Liver, NEC	K76.0		Lipid Storage Disorder, unspecified	E75.6	
OTHER			Impaired Fasting Glucose	R73.01	
			Lactose Intolerance, unspecified	E73.9	
			Unspecified Protein – Calorie Malnutrition	E46	
			Multiple Gestation, Unspec.	O30.90	
PANCREAS			Obesity, Morbid (Severe)	E66.01	
Pancreas Pseudocyst	K86.3		Obesity, Unspec	E66.9	
Other Chronic Pancreatitis	K86.1		Overweight	E66.3	
			Underweight	R63.6	
			Weight Gain, Abnormal	R63.5	
			Weight Loss, Abnormal	R63.4	

Wentworth–Douglass Hospital
DEPARTMENT OF FOOD AND NUTRITION
**OUTPATIENT NUTRITION CONSULTATION
ORDER FORM (For Non–Diabetes Patients Only)**



DD0010

8050–01MR
Rev. 04/25/17

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