

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

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



DD0010

8050–01MR
Rev. 08/21/12

Reason for intervention/primary diagnosis:

ICD-9	CODE	✓	ICD-9	CODE	✓
ESOPHAGUS			COLON		
Barrett's Esophagus	530.85		Colitis/Gastroenteritis – Infectious	009.0	
Esophagitis – Reflux	530.11		Colitis – Acute/IBD	558.9	
GERD: Gastroesophageal Reflux	530.81		Crohn's Disease/Colitis	555.1	
Hiatal Hernia	553.3		Diverticulitis	562.11	
			Diverticulosis	562.10	
STOMACH			IBS/Spastic Colon	564.1	
Gastric Bypass Status	V45.86		Ulcerative Colitis, NOS	556.9	
Gastroparesis – non diabetic	536.3				
			MISCELLANEOUS		
DUODENUM/SMALL BOWEL			Anemia, Unspec	285.9	
Celiac Disease	579.0		Anorexia Nervosa	307.1	
Crohn's Disease (Ileitis)	555.0		Bulimia Nervosa	307.51	
Malabsorption Syndrome, Unspec.	579.9		Constipation	564.00	
Short Bowel Syndrome	579.3		Diarrhea – Unspec.	787.91	
			Eating Disorder, NOS	307.50	
LIVER			Excessive Weight Gain in Pregnancy, w/out HTN	646.13	
Alcoholic Cirrhosis	571.2		Failure to Thrive (Adult)	783.7	
Alcoholic Hepatitis	571.1		HTN Benign	401.1	
Alcoholic Liver Damage, Unspec.	571.3		Hypercholesterolemia	272.0	
Cirrhosis, Non-Alcoholic	571.5		Hyperemesis Gravidarum, Antepartum	643.03	
Fatty Liver, Non-Alcoholic	571.8		Hyperlipidemia, NOS	272.4	
			Impaired Fasting Glucose	790.21	
OTHER			Lactose Intolerance	271.3	
			Malnutrition	263.9	
			Multiple Gestation, Unspec.	651.93	
			Obesity, Morbid	278.01	
			Obesity, Unspec	278.00	
			Osteoporosis, Unspec.	733.00	
PANCREAS			Overweight	278.02	
Pancreatic Pseudocyst	577.2		Underweight	783.22	
Pancreatitis, Chronic	577.1		Weight Gain, Abnormal	783.1	
			Weight Loss, Abnormal	783.21	

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