



Professional Physician Diagnosis

Date: _____

Client Name: _____

Program: Dietitian Medical Billing

Year: 20_____

To whom it may concern,

I recommend nutritional counseling for _____
with a Registered Dietitian at PRO Sports Club for the following:

- _____ Diabetes Type I (2.50.01) Lab report required
- _____ Diabetes Type II (250.02) Lab report required
- _____ Pre-Diabetes (790.29)
- _____ Hyperlipidemia (272.4) Lab report required
- _____ Hypertension (401.9)
- _____ Dyslipidemia (272.4)
- _____ Metabolic Syndrome (277.7)
- _____ Anemia (285.9)
- _____ Anorexia Nervosa (307.1)
- _____ Bulimia Nervosa (530.81)
- _____ Food Allergies (693.1)
- _____ Depression (311)
- _____ GERD (530.81)
- _____ Other (Diagnostic Code: _____)

Sincerely,

MD (Printed Name)

MD Signature

*Please fax the completed form to PRO Sports Club Medical Center
Attention: Dietetics 425.861.6277*