



Outpatient Nutrition Consults are provided by Davis Regional Medical Center to support the health of our community.

Patients will be informed of the fee for this service at initial telephone contact, and payment should be made at the time of service. Typical one hour consult fee is \$48.00

OUTPATIENT NUTRITION CONSULT REFERRAL FORM

PATIENT DEMOGRAPHIC INFORMATION

Patient Name: _____

Date of Birth: _____

Mailing address: _____

City/State/Zip: _____

Phone Number: _____

Cell phone or alt. phone number: _____

Related diagnosis if applicable: _____

Type of Individual Nutrition Therapy instruction desired by the physician:

- Diabetes** – Meal Planning for Glucose Control & Healthful Weight
- Cardiac Heart Healthy Diet** - American Heart Association Guidelines
- COPD Healthy Meal Planning** - Preventing Weight Loss/Low Sodium Diet
- Pre-Dialysis Renal Healthy Meal Planning**
- Weight Loss Meal Planning** - Adult
- Child Weight Control** – Healthful Meal and Snack Planning
- Gluten Intolerance Diet Instruction**

Other: _____

****REQUIRED** M.D. / Provider Signature:**

_____ Date: _____

Provider Phone Number and Printed Name: _____

Please fax completed form to 704-838-7158