



Nutrition Consult:

To: Nazirber Maduro, RDN, CDN, CDCES
Registered Dietitian Nutritionist
Certified Diabetes Care & Education Specialist
8708 Justice Ave., Unit C6 (Ground Floor)
Elmhurst, NY 11373, Tel: 718-507-8866

FROM:

Credential:

Name: _____

Date of Referral ____ / ____ / ____

Date of Birth: ____ / ____ / ____

- | | |
|--|--|
| <input type="radio"/> Obesity (E66.9) | <input type="radio"/> Type I Diabetes (E10.8) |
| <input type="radio"/> Overweight (E66.3) | <input type="radio"/> Pre-Diabetes (R73.03) |
| <input type="radio"/> Underweight (R63.3) | <input type="radio"/> Failure to thrive (R62.51) |
| <input type="radio"/> Type II Diabetes (E11.8) | <input type="radio"/> Other: _____ |

Comments:

Doctor's
Signature: _____

PLEASE FAX THIS REFERRAL
TO 718-507-8867

