



## 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Obesity (E66.9)

Type I Diabetes (E10.8)

Overweight (E66.3)

Pre-Diabetes (R73.03)

Underweight (R63.3)

Failure to thrive (R62.51)

Type II Diabetes (E11.8)

Other: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

Doctor's

Signature: \_\_\_\_\_

PLEASE FAX THIS REFERRAL  
TO 718-507-8867

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