



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)

Type II Diabetes (E11.8)

Pregnancy

Comments:

**Doctor's
Signature:** _____

**PLEASE FAX THIS REFERRAL
TO 718-507-8867**

Metro Plus