



## 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

Oxford