



Physician's Order for Medical Nutrition Counseling

Your health insurance requires that nutrition counseling be provided under the order of your primary care physician. Please have your provider fill out the following order form, or provide the equivalent information, and return via fax to our office at 855.453.0835.



Patient Name: _____ Patient DOB: _____

Services scheduled:

97802: Medical Nutrition Therapy, Initial Assessment, Individual

97803: Medical Nutrition Therapy, Follow Up Assessment, Individual

Dates Covered by this Order: _____

Number of visits requested: _____ (weekly/biweekly/monthly)

A default dietary diagnosis code of Z71.3 (Dietary Management Surveillance) will apply to all scheduled services. If additional medical diagnoses are relevant, please attach a recent physician's visit note with current medical diagnoses documented for the patient.*

*Please be aware that some plans *require* provision of a medical diagnosis for coverage of nutrition services.

Physician's Signature: _____ Date: _____

Physician's Name (Printed): _____ NPI #: _____

Lavallee Wellness Provider NPI numbers:

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