



Appointment Date: _____



Time: _____

THE DIABETES CONTROL CENTER

1963 Memorial Parkway SW • Huntsville Hospital Medical Mall • Huntsville, Alabama 35801

Physicians please fax referral to Central Scheduling 256-801-6222 or call 256-801-6283 to schedule appointment

Medical Nutrition Therapy (MNT) Services Order Form

Last Name: _____ First Name: _____ Date of Birth: _____

Diagnosis: _____

Special Needs: _____

Initial MNT 3 hours

Annual follow-up MNT 2 hours

Additional MNT hours for change in:

Medical Condition

Treatment

Diagnosis

Signature of Physician certifies that he or she is managing the beneficiary's diabetes care.

Medical Nutrition Therapy requires an order by MD/DO

MD/DO Signature: _____ Date: _____ Time: _____

NPI# _____

Phone: _____

Fax: _____