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Aurora Health Care®

Milwaukee, Wisconsin

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|----------------------------------|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> ABMC | <input type="checkbox"/> ALMC | <input type="checkbox"/> AMCWC | <input type="checkbox"/> AWAMC |
| <input type="checkbox"/> AHCM-AS | <input type="checkbox"/> AMCK | <input type="checkbox"/> AMHB | <input type="checkbox"/> AUWAMG |
| <input type="checkbox"/> AHCM-SL | <input type="checkbox"/> AMCMC | <input type="checkbox"/> APH | <input type="checkbox"/> AMG (site) |
| <input type="checkbox"/> AHCM-SS | <input type="checkbox"/> AMCO | <input type="checkbox"/> ASMMC | |

Patient Label

Nutrition Consult

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STAT

 Formulary approved equivalent will be dispensed unless the words " **NO SUBSTITUTES**" are written.

Date: _____ Time: _____

Patient Name _____ Date of Birth _____

Patient Address: _____ City/Zip: _____

Phone #: _____ Insurance Provider _____

Diagnosis: _____ **Physician:** _____

 Pertinent Lab Results: Chol _____ Trig _____ HDL _____ LDL _____ Glucose _____ HgbA_{1c} _____

Other Labs: _____

SPECIAL NEEDS: Interpreter, learning disability, etc. _____

Select Appropriate Diet Order

Individual Counseling: (Check all that apply)

- ☐ Low Cholesterol/Low Saturated Fat Plan
- ☐ Sodium Controlled (3 g Na unless indicated otherwise)
- ☐ Diabetes- Medical Nutrition Therapy (RD Only)
Note: For Diabetes Self Management Training/Education, with individual and group sessions by RD and RN, use Referral Form for diabetes, X13572.
- ☐ Weight Reduction/Weight Management Plan
- ☐ Weight Gain Plan
- ☐ Healthy Eating Plan

Number of Visits Ordered: _____

- ☐ High Fiber
- ☐ Renal- Medical Nutrition Therapy
- ☐ Sports Nutrition
- ☐ Tube Feeding
- ☐ Dietitian to Modify Diet PRN
- ☐ Other: _____

Physician's Signature _____ Phone Number _____

Physician's Address _____ City/Zip _____

Fax or deliver forms to the desired location. Your patient will be contacted ASAP.

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|--|---|---|
| <input type="checkbox"/> Aurora Sinai Medical Center
Nutrition and Diabetes
Education Services
F (414) 219-7358
T (414) 219-7956 | <input type="checkbox"/> Aurora St. Luke's Medical Center
Centralized Scheduling
F (414) 643-6555
T (414) 747-7474 | <input type="checkbox"/> Aurora St. Luke's South Shore
Nutrition Services
F (414) 489-4217
T (414) 489-4532 |
| <input type="checkbox"/> Aurora West Allis Medical Center
Nutrition and Diabetes
Education Services
F (414) 328-6210
T (414) 328-7314 | <input type="checkbox"/> Aurora Health Center
1640 East Sumner Street
Hartford, WI 53027
F (262) 670-4071
T (262) 670-4000 | <input type="checkbox"/> Aurora Health Center
W231 N1440 Corporate Circle
Waukesha, WI 53186
F (262) 896-3924
T (262) 896-6080 |

 For Scheduling Use Only: Scheduled Appointment Date: _____ Time: _____ ☐ No Show


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PHYSICIAN ORDERS