

**Vitality Nutrition LLC,
43155 Main Street, Suite 305B-1
Novi, MI 48375**

Patient's name:	Date:
Address:	Date of birth:

ICD-9 Diagnosis Codes—Medical Nutrition Therapy					
783.1	Abnormal Weight Gain		535.4	Gastritis	
783.21	Abnormal Weight Loss		558.9	Gastroenteritis	
314.0	ADD		530.81	Gastroesophageal Reflux	
477.0	Allergic Rhinitis		271.3	Glucose Intolerance	
277.7	Amenorrhea		784.0	Headache	
285.9	Anemia, Unspecified		429.9	Heart Disease, Unspecified	
307.1	Anorexia Nervosa		553.3	Hiatal Hernia	
300.0	Anxiety		251.1	Hyperinsulinemia	
716.9	Arthritis		272.4	Hyperlipidemia	
493.9	Asthma		401.9	Hypertension, Essential	
307.51	Bulimia		244.9	Hyperthyroid	
112.5	Candidiasis		251.2	Hypoglycemia	
579.0	Celiac Disease		244.9	Hypothyroid	
585.0	Chronic Renal Failure		564.1	Irritable Bowel Syndrome	
428.0	Congestive Heart Failure		271.3	Lactose Intolerance	
564.0	Constipation		627.2	Menopausal Syndrome	
780.71	Chronic Fatigue Syndrome		346.9	Migraine, Unspecified	
555.9	Crohn's Disease		278.0	Obesity	
556.0	Colitis, Ulcerative		733.0	Osteoporosis	
416.9	COPD		715.0	Osteoarthritis, Unspecified	
414.0	Coronary Artery Disease		733.9	Osteopenia	
277.0	Cystic Fibrosis		533.0	Peptic Ulcer Disease	
648.8	Diabetes, Gestational		625.4	PMS	
250.01	Diabetes, Type I		256.4	Polycystic Ovary Syndrome	
250.00	Diabetes, Type II		593.9	Renal Disease	
648.0	Diabetes, With Pregnancy		714.0	Rheumatoid Arthritis	
558.9	Diarrhea		780.3	Seizure Disorder	
562.11	Diverticulitis		473.9	Sinusitis	
307.5	Eating Disorder, Unspecified		532.9	Ulcer, Duodenal	
345.1	Epilepsy		533.9	Ulcer, Peptic	
780.79	Fatigue		788.41	Urinary Frequency	
729.1	Fibromyalgia		079.99	Viral Syndrome	
693.1	Food Allergy		269.2	Vitamin Deficiency	
271.2	Fructose Intolerance		V65.3	Dietary Surveillance	

ICD=International Statistical Classification of Disease

Services and CPT Code					
	Fee		Fee		
<input type="checkbox"/> 97802 —Initial Consultation and Assessment		<input type="checkbox"/> Supplements		Previous Balance	
<input type="checkbox"/> 97803 —Follow-up/Reassessment Consultation		<input type="checkbox"/> Other		Total Charges	
<input type="checkbox"/> 97804 —Group (>2 individuals)		<input type="checkbox"/> Other		Amount Paid	
<input type="checkbox"/> 98968 —Telephone Consultation		<input type="checkbox"/> Other		Balance Due	

CPT=Current Procedural Terminology

RD signature: _____

Mitali Kapila, M.Sc, M.S., R.D.
 Phone: 248-961-0229
 Email: mitali@vitalitynutritionllc.com
www.vitalitynutritionllc.com