

# Medical Nutrition Therapy Referral

**Physician's Name:** Dr. John Smith

**Facility Name:** HealthCare Clinic

**Address:** 123 Wellness St., Suite 100, Anytown, ST 12345

**Phone:** (555) 123-4567

**Date:** October 5, 2023

**To:** Registered Dietitian

**Facility:** Nutrition Services Center

**Address:** 456 Health Rd., Anytown, ST 12345

Dear [Dietitian's Name],

I am referring my patient, [**Patient's Name**], for medical nutrition therapy due to their diagnosis of [**Diagnosis**]. Understanding the importance of nutrition in managing their condition, I believe they will benefit greatly from your expertise.

**Patient Information:**

- **Age:** [Patient's Age]
- **Gender:** [Patient's Gender]
- **Relevant Medical History:** [Brief History]

Please assess the patient's nutritional needs and provide a tailored nutrition care plan. I would appreciate your recommendations following your assessment.

Thank you for your attention to this patient's care. Please feel free to contact me if you need any additional information.

Sincerely,

Dr. John Smith

Medical Doctor