



Cookeville Nutrition Experts

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Referral for Nutrition Counseling

When complete, please fax to our number above. Please note- direct calls from your office are encouraged to schedule your patients promptly.

Patient Name: _____

Patient Phone: _____

Patient Email: _____

Referred For: _____

- Evaluate and treat Contact referring clinic to coordinate patient care *before* nutritional evaluation and treatment

Clinician Signature _____ Date _____



We accept all forms of insurance, medicare/aid, and flex spending!

Call the help number on your insurance card to get information on your specific policy for working with a registered dietitian. Many plans will cover visits with a dietitian with no co-pay.

Not covered by insurance? No worries. We accept self-pay clients and have a **free** virtual community nutrition program for anyone who wants to participate.