



Nutrition Services

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Supermarket Dietitian
Pay-Less Markets, Inc.

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SEND REFERRALS TO:

Oka Super Drug
Ocean Pacific Plaza
291 Farenholt Avenue
Tamuning, GU 96911
P: (671) 646-6183
F: (671) 649-2724

Maite Super Drug
751 Chalan Machaute
Maite, GU 96913
P: (671) 477-3627
F: (671) 477-5589

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REFERRAL FORM

Medical Nutrition Therapy (MNT)

Patient Information

Name:	DOB:
Address:	Phone Number:
Insurance: (attach copy of front & back of card)	

Above is referred for *medical nutrition therapy as a necessary part of medical treatment* and prevention of complications for diagnoses listed.

Referral Needs:

- ☐ New Diagnosis
- ☐ New treatment plan
- ☐ New complication
- ☐ Follow-up MNT
- ☐ Other

✓ CHECK ALL DIAGNOSES THAT APPLY TO THIS REFERRAL					
✓	ICD-10	ICD-10 Description	✓	ICD-10	ICD-10 Description
	E10._	Type 1 Diabetes Mellitus		O24.4 10	Gestational diabetes mellitus, diet-controlled
	E11._	Type 2 Diabetes Mellitus		O24.4 14	Gestational diabetes mellitus, insulin-controlled
	O24.01	Pre-existing diabetes mellitus, Type 1, in pregnancy		E66.9	Obesity, unspecified
	O24.11	Pre-existing diabetes mellitus, Type 2, in pregnancy		Z71.3	Dietary Counseling & Surveillance
	R73.03	Pre-diabetes			Other:_____

✓ **Lab Work** (Please attach or complete)

BP _____/ _____

FBS	Hgb A1c	Total Chol	LDL-C	HDL-C	Trig	Renal GFR

✓ **Exercise/Activity Plan**

☐ **Release:** May walk 20-30 minutes, 5-7x/week or _____

☐ **Not Released:** _____

✓ **Medications** - Please attach list

This medical nutrition therapy is a necessary part of the patient's medical treatment for the diagnoses listed above.

Physician Signature: _____ Date: _____

Print Name: _____ NPI: _____

Please FAX or Mail completed referral form to Super Drug Oka/Maite, or EMAIL to Rosae Calvo



For more information on Pay-Less Nutrition Services, please visit paylessmarkets.com/community/health-smart/nutrition-services or scan this QR code.