



DR LAB REQUEST FORM

DEAR DR. _____

OUR PRACTICE PROVIDES MEDICAL NUTRITION THERAPY TO PATIENTS. OUR GOAL IS TO WORK COLLABORATIVELY WITH MEDICAL PROVIDERS TO SUPPORT OUR PATIENT'S HEALTH AND WELLNESS. AS A LICENSED REGISTERED DIETITIAN AND CERTIFIED DIABETIC SPECIALIST, I CRITICALLY ASSESS PATIENT'S NUTRITIONAL STATUS USING LABORATORY RESULTS AS PART OF THE NUTRITIONAL ASSESSMENT. THESE LABORATORY RESULTS ARE CRITICAL IN GAINING A FULL PICTURE OF OUR PATIENT'S HEALTH AND PROVIDING THEM WITH APPROPRIATE NUTRITIONAL CARE.

IF YOU COULD PLEASE PROVIDE US WITH A COPY OF _____'S LABORATORY RESULTS BY FAXING IT TO 718-998-6427 OR EMAILING IT TO SANDYZOHNI@GMAIL.COM, WOULD BE GREATLY APPRECIATE IT.

IF YOU HAVE ANY QUESTIONS, FEEL FREE TO CONTACT US AT 718-376-1616.

THANK YOU,

SANDY ZOHNI MS RD CDN CDE

TODAY'S DATE: