

EZ FORMS FOR THE BUSY RD © (69 TOTAL)

USER FRIENDLY and Totally MODIFIABLE Forms (in MS Word®, CD-rw). Based on American Dietetic Association's "MNT Evidence Based Guides for Practice" for Type 1 and Type 2 Diabetes and Hyperlipidemia, Medicare MNT and DSMT Requirements, and Years of Hands-On Experience To Save Time and Increase Quality!

PACKAGE A: 24 Forms in MS Word®

1) MNT Assessment & Outcomes: Type1 & 2 DM_Pt Completes	13) Nutrition Diagnosis Worksheet Simplified
2) MNT Assessment & Outcomes: Type1 & 2 DM_RD Completes	14) Nutrition Diagnosis Worksheet Comprehensive
3) MNT Assessment & Outcomes: Hyperlipidemia_Pt Completes	15) Nutrition Prescription Worksheet
4) MNT Assessment & Outcomes: Hyperlipidemia_RD Completes	16) Worksheet for Calculating Carb, Pro, Fat Per Calorie Level
5) MNT Assessment & Outcomes: General MNT	17) Renal Meal Plan Calcula Worksheet and Backgrounder
6) MNT Documentation & Flow Sheet: Type1 & 2 DM	18) DSMT-MNT Progress Note_Session 1_Checklist Format
7) MNT Documentation & Flow Sheet: Type1 & 2 DM Condensed	19) DSMT-MNT Progress Note_Session 2_Checklist Format
8) MNT Documentation & Flow Sheet: Type1 & 2 DM Condensed_Notes	20) DSMT-MNT Progress Note Condensed
9) MNT Documentation & Flow Sheet: Hyperlipidemia	21) MNT Progress Note
10) MNT Documentation & Flow Sheet: Hyperlipidemia Condensed	22) MNT Super Bill
11) MNT Documentation & Flow Sheet: Hyperlipidemia Condensed_Notes	23) MNT Super Bill_No ICD Codes
12) MNT Addendum Documentation Form	24) Introductory Letter

PACKAGE B: Chart Audit Worksheets: 5 Forms Which Coordinate with Package A in MS Word®

1) MNT Assessment & Outcomes Form: Type 1 & 2 DM	4) MNT Documentation Form & Flow Sheet: Hyperlipidemia
2) MNT Assessment & Outcomes Form: Hyperlipidemia	5) Pre-MNT Encounter
3) MNT Documentation Form & Flow Sheet: Type1 & 2 DM	

PACKAGE C: 40 Forms in MS Word®

1) Call Record for OP MNT Clinic	16) DSMT_MNT Visit Tracking Form	31) Patient Routing_Scheduling Form
2) Carb-Protein-Fat Foods Summary	17) DSMT_MNT Visit Tracking Form_Notes	32) MNT Goal Tracking Form
3) Diabetes Center Order Form	18) DSMT_MNT Fax Cover Sheet	33) MNT Referral_Differentiation of Services
4) Dietitian Services Client Satisfaction Survey	19) DSMT_MNT_Initial Intake_Registration_Appointment Form	34) Letter of Med Necessity_PreApproval of Pay for MNT
5) Diabetes MNT Promo Flyer	20) DSMT_My Diabetes Care Record	35) Physician Nutrition Risk Screen Tool
6) Diary_Diabetes	21) DSMT_Plate Method_Men_Side1of2	36) Private Prac_Super Bill
7) Diary_Hyperlipidemia_TLC Program	22) DSMT_Plate Method_Men_Side2of2	37) Private Prac_Compensation Analysis Form
8) Diary_Weight Loss	23) DSMT_Plate Method_Women_Side1of1	38) Private Prac_DSMT_MNT Scheduling
9) Dietitian Daily Time_Activity Record	24) DSMT_SelfAsses_HealthyChangesPlan	39) Private Prac_Fax Cover Sheet
10) Dietitian Services Chagemaster	25) DSMT-MNT_Behavior Goals Tracking	40) Screening Form for Group vs Individualized DSMT_MNT
11) Diabetes Meal Plan/Pie Chart Format	26) DSMT-MNT_Educa Record_Prog Note	
12) DSMT Education Record	27) HIPPA Privacy Notice to Pts	
13) DSMT Program_Presenter Evaluation	28) Individualized DM Self Care Plan_Diary	
14) DSMT_Diabetes is Serious	29) Mifflin St. Jeor Equation Tables	
15) DSMT_Diabetes ZONE Management	30) Oral Diabetes Meds Tables	

69 FORMS TOTAL

CAN MODIFY FORMS

PRE-PAYMENT REQUIRED

SHIPPING PAID 1x ON MULTIPLE ORDERS

- Pkg A at \$30 + \$4.20 s/h **SAVE \$5 on any 2 pkgs combined at \$55 + \$4.20 s/h..check: A B C**
- Pkg B at \$30 + \$4.20 s/h
- Pkg C at \$30 + \$4.20 s/h **SAVE \$15.00 on all 3 pkgs A + B + C combined (69 forms) at \$75 + \$4.20 s/h**

___ Check or money order payable to **MARY ANN HODOROWICZ** is enclosed

___ Please send information on manuals: *"Money Matters in MNT / DSMT: Increasing Reimbursement Success in All Practice Settings, The Complete Guide"*, 3rd Edition AND *"Establishing A Successful Outpatient MNT Clinic"*

Purchase order #: _____ P.O. enclosed

MAIL TO: Name (PRINT): _____

Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone + Area Code _____

Fax No.: _____ Email: _____

MARY ANN HODOROWICZ
CONSULTING, LLC (RD, LD, MBA, CDE)
 hodorowicz@comcast.net 708.359.3864
 12921 Sycamore, Palos Heights, IL. 60463
 www.maryannhodorowicz.com