



6495 New Hampshire Avenue, Suite 307. Hyattsville, MD 20783. Tel: (301) 891-8887

**(FD)**

Date: \_\_\_\_\_

Dr \_\_\_\_\_

Your patient \_\_\_\_\_ D.O.B \_\_\_\_\_ has called to scheduled an appointment with us for Nutrition Consultation.

To better serve your patient, we are requesting the following information to be faxed as soon as possible, so that a detailed Nutrition Assessment and Intervention will be completed. Your patient will follow up this request with a telephone call.

The following are the requirements for each patient referred to our office for consultation: ( Please **fax** documents to **(301) 891-4969**)

- **A referral with details of patient health related concerns, such as hypertension, diabetes, obesity, anemia etc.....**
- **The most recent lab values which include lipid panel, CBC, metabolic panel-kidney and liver functions, HgbA1c etc.....**
- **List of medications**

Our 3-month program '**The 24-Hour Self-Control Method**' is a total of six (6) sessions including consultation and a final review session when new blood work is done and compared with original blood values. It has statistically proven over the past ten (10) years that there is great improvement in overall blood work, weight and health status when the individual recognizes the need for change and is willing to focus and become committed.

Thank you for your cooperation in this matter.

Sincerely,

\_\_\_\_\_  
Olabisi A.Daramy, Licensed Dietitian/Nutritionist