

EMORY JOHNS CREEK HOSPITAL

6325 Hospital Parkway, Johns Creek, GA 30097

Please fax the completed referral form to the scheduling office at 855-764-2295

After the physician has faxed the completed referral form, please call scheduling department and request for an in-person or telehealth appointment. **Call to schedule appointment: 404-686-0520**

Outpatient Nutrition Consult Referral Form

Patient Name: _____ DOB: _____

Patient Phone Number: (Home) _____ (Cell): _____

Reason for Referral: _____

ICD 10 Code(s): _____

Check all that apply:

Initial Nutrition Consult

Nutrition Follow-Up appointments Number of follow up visits: _____

Bariatric Assessment Number of visits required: _____

Physician Signature: _____ Date: _____

Physician Printed Name: _____

Physician Phone: _____ Physician Fax: _____

If you have any questions regarding this process, call the Dietitian Outpatient Office Phone:
678-474-7820