



EAT WELL . LIVE WELL

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**MEDICAL NUTRITION THERAPY REFERRAL**

**PROCESS Fax referral to 877-838-3095 Include**

**in referral:**

**Client demographics**

**Insurance information**

**ICD-10 code associated with referral**

**Any relevant chart notes or bloodwork**

**Pediatrics– Growth charts for height and weight**

We will fax back a confirmation that we have received the fax and will reach out to the patient within 24 hours to get an appointment scheduled.

If you have any questions for us,  
Please don't hesitate to contact our Referral Coordinator!

**P: 704-380-4655 (option 2)**

or email: [referrals@nutritionhealthworks.com](mailto:referrals@nutritionhealthworks.com)

We accept Blue Cross Blue Shield, Aetna, and Medicare!