

# Leanne Wagner

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Dietitian Nutritionist

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Phone: 3254 0333

**Bay Terrace Specialist Centre**  
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Please advise Mr

Ms

Mrs \_\_\_\_\_

DOB \_\_\_\_\_

On an appropriate diet for

Primary Diagnosis: \_\_\_\_\_

Other Diagnosis affecting Nutritional Management:

\_\_\_\_\_  
\_\_\_\_\_

Relevant Clinical/Laboratory Data:

BGL \_\_\_\_\_ BP \_\_\_\_\_

Cholesterol \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_ TGs \_\_\_\_\_

Other

\_\_\_\_\_

Medications

\_\_\_\_\_

\_\_\_\_\_

Other Comments

\_\_\_\_\_

\_\_\_\_\_

Medical Practitioners Name: \_\_\_\_\_

Signature: \_\_\_\_\_