

Nutrition Counseling Assistance Program
Physician-Endorsement Letter

Dear Foundation of the NLA reviewers,

I, _____ attest that my patient, _____, is in need of nutrition counseling focused on lipid management.

I acknowledge that this endorsement letter is being provided to the Foundation of the NLA in lieu of any HIPAA-protected information from my patient.

_____ established care with me on _____ and is a current patient.

Regards,