Lifedoc Health
825 Valleybrook Dr,
Memphis, TN 38120
Tel: (901) 683 0024
Fax: (901) 683 0086

LifeDoc HEALTH

Referral Request Form

This completed form along with all Medical Records are required to be completed and faxed to 901-683-0086 in order for the appointment to be scheduled.

Mandatory Documents to be included

_____ ***Completed Referral Form and Demographic Sheet***
_____ ***Insurance Card(s) and Medical Release Forms***

_____ ***Medical Records including Labs, Diagnostic Tests, Progress Notes, All Prescriptions, and Other Treatment Records needed.***

Appointment Request Date:____/____/______ Person Completing Referral Request Form_____________________________

Referring Provider Information

Referring Practice Name:____________________ Referring Provider Name: _______________________________

Referring Provider Address:____

Referral Provider Contact Name _____________________________ Phone Number: ________________________

Patient and Responsible Party Information

Patients Name:_________________________________ SSN# __________________ DOB: ________________

Responsible Party/Gaurdian Name (if other than self)___________________________ Relationship to Patient____________

Primary Phone Number:______________________ Secondary Phone Number______________________________

Physical Address:____

Referral Diagnosis:

Diabetes Type 2 (All Ages) ____ Obesity (All Ages) ____

Thyroid Disorders (Only 14+ years old) ___ Diabetes Type 1 (Only 14+ years old only) ___

Other ___________________________________

Specific ICD-10 Codes related to referral: _____________, ________________, _______________, ________________

Other Pertinent Information to Referral: ____

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Insurance Information

Primary Insurance Information

Name_______________________________________ Policy ID# ______________________

Additional Insurance Information

Name _______________________________________ Policy ID# ________________________

(Lifedoc Health Use Only) Scheduled Appointment Date at Lifedoc Health ________________/___________/_______________