



# Referral Form

Type 2 Diabetes & Metabolic Health Programs

● Fax To: 1-877-735-0289

Learn more at [lifestylerrx.com/refer](https://lifestylerrx.com/refer)

FAX 1-877-735-0289

PHONE 778-653-2427

[contact@lifestylerrx.com](mailto:contact@lifestylerrx.com)

## PRIMARY REASON FOR REFERRAL

- ☐ Type 2 Diabetes ☐ Prediabetes ☐ Insulin Resistance
- ☐ Metabolic Syndrome ☐ Other: \_\_\_\_\_

I have discussed this referral with the individual: ☐ Yes ☐ No

## PATIENT INFORMATION

(affix label or complete)

First Name

Last Name

PHN

Phone

Email Address (Optional)

Additional Notes (Optional)

## REFERRING PROVIDER INFORMATION

(affix label or complete)

Provider Name

Billing #

Signature

Date

Or affix stamp/label here