



Patient Referral

<p><u>Superior Patient Outcomes</u> 96% Hospital Admits & ER Visit Reductions 95% Neuropathy patients improved 76% Improved at least one complication 24% Maintained status (did not get worse) 63% HbA1c reduction 41% Reduced medications</p>	<p><u>Patient Information</u> Name: _____ Phone #: _____ DOB: _____ Gender: Male Female</p>
<p><u>Check Those That Apply</u> Neuropathy Retinopathy Nephropathy Low Energy Weight Problems Erectile Dysfunction High/Low Blood Sugar Wounds Possible Amputations Mood Swings Sleep Problems Hair, Nail or Skin Problems Dementia Alzheimer's Possible Stroke Fatty Liver Most Recent HbA1c: _____ Date: _____</p>	<p><u>Referring Doctor Information</u> Name: _____ Phone #: _____ Fax #: _____</p> <p><u>Provider Information</u></p> <p>394 S. Milledge Ave. Suite #101 Athens, GA 30605 P: (706)395-6451 F: (762)356-4331 info@rmxathens.com</p>
<p><u>Services Offered</u> Metabolism Optimization Hormone Optimization Weight Management Wellness & Nutrition</p>	<p><u>How did this Patient hear about us?</u> This Referral Friend or Family Broadcast Media Print Media Social Media Other: _____</p>

Provider Signature:

_____ Date: _____

Patient Signature:

_____ Date: _____