



Patient Referral

<p align="center"><b><u>Superior Patient Outcomes</u></b></p> <p><b>96%</b> Hospital Admits &amp; ER Visit Reductions  <b>95%</b> Neuropathy patients improved  <b>76%</b> Improved at least one complication  <b>24%</b> Maintained status (did not get worse)  <b>63%</b> HbA1c reduction  <b>41%</b> Reduced medications</p>	<p align="center"><b><u>Patient Information</u></b></p> <p>Name: _____  Phone #: _____  DOB: _____  Gender:            Male            Female</p>
<p align="center"><b><u>Check Those That Apply</u></b></p> <p>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</p> <p>Most Recent HbA1c: _____  Date: _____</p>	<p align="center"><b><u>Referring Doctor Information</u></b></p> <p>Name: _____  Phone #: _____  Fax #: _____</p> <p align="center"><b><u>Provider Information</u></b></p> <p align="center">18 Medical Park Dr  APT F  Asheville, NC 28803  P: (828)989-1405  F: 828-489-3670  info@rmxasheville.com</p>
<p align="center"><b><u>Services Offered</u></b></p> <p align="center">Metabolism Optimization  Hormone Optimization  Weight Management  Wellness &amp; Nutrition</p>	<p align="center"><b><u>How did this Patient hear about us?</u></b></p> <p>This Referral  Friend or Family  Broadcast Media  Print Media  Social Media  Other: _____</p>

Provider Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature:

\_\_\_\_\_ Date: \_\_\_\_\_