



the nutrition professionals

1237 S. Val Vista Drive | Mesa, AZ 85204

Physician Referral Form

Patient Name:

Patient's Date of Birth:

Patient's Phone:

Diagnosis and ICD-10 codes:

Order:

CPT Codes for Authorization: 97802 – Initial Visit, 97803 – Follow-up

Effective Date: _____ **Expiration Date:** _____ (or) **12/31/2019**
(For Medicare, whichever comes sooner)

Physician information:

Print Name:

NPI#:

Physician's Signature:

Date:

Contact Name:

Practice Name:

Phone Number:

Fax Number:

- 1. Please complete this form.**
- 2. Include patient demographics, insurance information, clinical notes and labs.**
- 3. Fax to 480.294.6544**

Thank you for the referral.

2/2019