

New Patient Referral Form

lifestyle medicine center



MIDLAND HEALTH

Fax To: 855-226-1687

Main Referral Line: 432-221-5433

Patient Information

Patient Name: _____ Date of Birth: _____

Phone Number: _____ ICD 10 Diagnosis: _____

Reason for Referral

Please check **ALL** that apply:

Lifestyle Medicine Clinic-Dr. Patel

CHIP

Medical Nutrition Therapy-
Registered Dietitian

Intensive Cardiac Rehabilitation

Provider Information

Referring Provider: _____

Practice Fax Number (Required): _____

Primary Contact Number for Referrals: _____

Additional information may be needed. Our office will make the additional requests using the contact information provided

Lifestyle Medicine Center

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