

Lake Norman Bariatrics

Referral Form

Please fill out this Referral Form and fax to **704.660.4967**. Lake Norman Bariatrics will schedule all appointments.

Date: _____

Physician: _____ Physician Phone: _____

Patient: _____ Patient Phone: _____

Patient Address: _____

Please check below for appropriate service and provide additional information as requested.

Note: A free information session is provided for all services offered.

Weight Management/Obesity Treatment

Patient Height: _____ Patient Weight: _____

Other Medical Conditions: _____

Medications: _____

Other specific areas/concerns the physician would like addressed with the client: _____

Physician Signature

T. Ryan Heider, M.D.

131 medical park road, #303 | mooreville, nc 28117 | t. 704.660.4004 ext. 3038 | f. 704.660.4967 | lknbariatrics@gmail.com

www.lknbariatrics.com