Synergistic HealthCenters.com
Go for Optimal Health

Referral Form

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Office: 937-310-1304
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Date: _____

Patient Name: _____
DOB: _____ Phone: _____
Appt. Date: _____ Time: _____
Insurance: _____
SSN: _____

Physician Name: _____
Phone: _____ Fax: _____
Address: _____
Dx: _____ Dx Code: _____
NPI #: _____ UPIN#:_____
Physician Signature: _____

Synergistic Health

- Metabolic Syndrome Reversal Program
- Weight Management Program
- Comprehensive Hormone Balancing Programs (Male and Female)
- Narcotic Dependence Program (Suboxone)
- Comprehensive Physical Medicine & Strengthening Program
- Osteoporosis Management Program
- Executive Health and Vitality Program
- Chronic Fatigue Program
- Platelet Rich Plasma Therapy (for Tendon Injuries and degenerative joints)
- Comprehensive Multidisciplinary Knee Rehabilitation Program
- Smoke Free Programs

Special Instructions:

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Note to Physician: Please attach any imaging/lab reports/ office notes.