



www.hlthx.com
Phone | (888) 881-8471
Fax | (312) 470 - 1107

Date

Month Day Year

Patient/Member First Name

Patient/Member Last Name

Patient/Member Date of Birth

Month Day Year

Patient / Member Email

example@example.com

Patient/Member Phone Number

Area Code

Phone Number

The patient/member presents with the following issue or symptoms:

Special requests by the referring group/doctor:

Referring Office:

Physician Name:

Contact:

Phone Number:

Please include demographics and progress notes. HLTHX may contact the referring physician if items are left blank or clarification is needed.