



Service Location 1: 10803 SE Cherry Blossom Dr.
Portland, 97126
Service Location 2: 12705 SE River Rd.
Portland, OR 97222

Phone 503-847-9952
Fax: 503-566-6067
www.ValeriaMallett.com

Mailing/billing: 29141 SW Costa Circle E.
Wilsonville, OR 97070

Referral Form: Please print and complete, then fax.

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Reason for referral: Include ICD-10 codes as applicable

Form with checkboxes for medical conditions: Type 2 DM, Chronic kidney disease, Impaired Fasting Glucose/Prediabetes, Type 1 DM, Hyperlipidemia, Weight Management, Gestational Diabetes, Congestive Heart Failure, Metabolic syndrome, PCOS, Hypertension, and Other. Includes ICD 10 code field.

IMPORTANT! PLEASE INCLUDE PROBLEM LIST, RECENT PROGRESS NOTES AND LABS, LIST OF MEDICATIONS & SUPPLEMENTS, COPY OF THE INSURANCE CARD AND OTHER INFORMATION.

Referring provider (please print): \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date \_\_\_\_\_

Office coordinator (please print): \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Thank you for your referral! Please fax to 503-566-6067