



**O'CONNOR
HOSPITAL**

Santa Clara Valley Healthcare

OMC Bariatric and Metabolic Health Center

2101 Forest Avenue STE 118

San Jose, CA 95128

Tel: 408-947-3447

Fax: 408 -947-3913

**Bariatric and Metabolic Health Center
Referral for Consultation**

Patient Name: _____ DOB _____

SS# (if available): _____ MRN# _____

Patient address: _____

Patient phone #: _____

Referral physician: _____

Primary care physician: _____

Diagnosis and ICD 10 code(s): _____

Reason for Consult/Referral: _____

Primary Insurance: _____ ID# _____

Secondary Insurance: _____ ID# _____

MD signature: _____ CA License # _____

MD NPI # _____ Address: _____

Phone # _____ Fax # _____

Please Fax Referral with ALL the listed information below to (408) 947-3913

- ❖ Current Demographic Information (Face Sheet)
- ❖ Progress Notes/H&P
- ❖ Reports (Labs, X-Ray & etc.)
- ❖ Approved Authorization (Initial Consults)
- ❖ Copy of Insurance Card(s) front and back