



Carole Loughridge, M.D.  
930 West Wilson Avenue  
 Mooresville, NC 28117  
704.664.4480  
**FAX TO: 801.504.0796**  
www.northlakeweight.com

*Please fill out referral form and fax to **801.504.0796**. We will schedule all appointments.*

Date: \_\_\_\_\_  
Referring Physician: \_\_\_\_\_ MD Phone: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_  
Patient Address: \_\_\_\_\_

*Please check the appropriate service and provide additional information as requested.  
**\*FREE INFORMATION CONSULTATION ON ALL SERVICES OFFERED\****

\_\_\_\_ Weight Management/Obesity Treatment  
\_\_\_\_ Adolescent Nutrition Counseling

Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other specific areas/concerns physician would like addressed with patient: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please explain to patient that they are responsible for submitting all insurance claims.  
**Northlake Weight Management Center does not guarantee insurance coverage.***

Physician Signature: \_\_\_\_\_