

```
<div>
  <p>_____</p>
  <p>Referring Physician Signature</p>
  <br>
  <p><strong>Name:</strong> [Physician First and Last Name]</p>
  <p><strong>Credentials:</strong> [e.g., MD, DO, NP, PA]</p>
  <p><strong>NPI Number:</strong> [10-Digit NPI Number]</p>
  <p><strong>Medical License Number:</strong> [State License
Number]</p>
  <p><strong>Clinic/Organization:</strong> [Name of Practice]</p>
  <p><strong>Date:</strong> [MM/DD/YYYY]</p>
</div>
```