

Rural Health Clinic Orthopedics
Phone: (308) 555-1100 Fax: (308) 555-7788

REFERRAL ORDER (Specialty Clinic)

Referring Provider/Practice:

Prairie Primary Care (NPI 1622444444), MD: L. Morales
Fax: (308) 555-2211

Patient Information:

Name: Miguel Alvarez DOB: 1959-06-10 Phone: (308) 555-2323
Address: 44 5th Ave, Grand Island, NE 68801

Insurance / Coverage:

Plan: Medicare Advantage PrairieCare HMO
Member ID: MA-PRA-559203
Notes: In-network required imaging site; PA not required for x-ray (73564).

Clinical Details:

Diagnoses (ICD-10): M17.12 Unilateral primary osteoarthritis, left knee
Requested Services (CPT): 73564 X-ray knee 4+ views
Reason for referral: Chronic left knee pain; evaluate OA severity and plan injections.
Urgency: Routine (next 1014 days)

Attachments included: Intake note (1 page), Order for knee radiographs

Scheduling Preferences: telehealth acceptable if clinically appropriate.

Referrer Authorization:

Electronic signature: L. Morales, MD Date: 2025-10-19

Please contact patient directly to schedule and fax back prior auth requirements if applicable.

Receiving clinic use only: MRN _____ Auth req? ____ In-network? ____ First appt date _____