

Rural Health Clinic Heart & Vascular
Phone: (806) 555-2200 Fax: (806) 555-9911

REFERRAL ORDER (Specialty Clinic)

Referring Provider/Practice:

Plains Family Medicine (NPI 1306999999), PA: H. Dawson
Fax: (806) 555-3322

Patient Information:

Name: Delilah Carter DOB: 1974-03-22 Phone: (806) 555-1414
Address: 102 County Rd 7, Canyon, TX 79015

Insurance / Coverage:

Plan: Texas Medicaid STAR
Member ID: TXM-84729-22
Notes: PCP gatekeeper; prior auth likely for echo (93306).

Clinical Details:

Diagnoses (ICD-10): I10 Essential (primary) hypertension, R07.9 Chest pain, unspecified
Requested Services (CPT): 93306 Echocardiography, transthoracic
Reason for referral: Exertional chest pain; evaluate LV function and valves.
Urgency: Routine (next 710 days)

Attachments included: Last clinic note (2 pages), EKG tracing 10/05, Referral order

Scheduling Preferences: telehealth acceptable if clinically appropriate.

Referrer Authorization:

Electronic signature: H. Dawson, PA-C 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 _____