

MEDICAL REFERRAL FORM

<div>DATE OF REFERRAL</div> <div>11/22/2025</div>	<div>REFERENCE NUMBER</div> <div>REF-154029</div>	
<div>PATIENT NAME</div> <div>John Smith</div>	<div>AGE</div> <div>48</div>	<div>SEX</div> <div>Male</div>
<div>DATE OF BIRTH</div> <div>03/15/1975</div>	<div>INSURANCE PLAN</div> <div>Blue Cross</div>	
<div>NETWORK STATUS</div> <div>IN-NETWORK</div>	<div>ESTIMATED COPAY</div> <div>\$25.00</div>	
<div>REFERRING TO SPECIALIST</div> <div>Dr. Emily Chen</div>	<div>SPECIALTY</div> <div>Cardiology</div>	
<div>NPI NUMBER</div> <div>1457389201</div>	<div>CLINIC/PRACTICE</div> <div>Mercy Heart Institute</div>	

MAJOR COMPLAINT / PRESENTING SYMPTOMS

chest pain with exertion and shortness of breath

CLINICAL CONTEXT / HISTORY

He has been complaining of chest pain with exertion and shortness of breath

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ANTICIPATED CPT CODES

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99244 - Office consultation for cardiac evaluation ; 93000 -

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POTENTIAL ICD-10 CODES

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I25.10 - Atherosclerotic heart disease ; I50.9 - Heart failure,

MEDICAL REFERRAL FORM

URGENCY LEVEL

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Routine

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AUTHORIZATION

MEDICAL REFERRAL FORM

Pending

MEDICAL REFERRAL FORM

FOLLOW-UP

MEDICAL REFERRAL FORM

Required

MEDICAL REFERRAL FORM

AUTHORIZATION & SIGNATURES

MEDICAL REFERRAL FORM

REFERRING PROVIDER SIGNATURE

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Auto-Generated System

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DATE SIGNED

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11/22/2025

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