

MEDICAL REFERRAL FORM

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| <div>DATE OF REFERRAL</div> <div>11/22/2025</div> | <div>REFERENCE NUMBER</div> <div>REF-160427</div> | |
| <div>PATIENT NAME</div> <div>Michael Brown</div> | <div>AGE</div> <div>Not Provided</div> | <div>SEX</div> <div>Not Provided</div> |
| <div>DATE OF BIRTH</div> <div>Not Provided</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. Robert Kim</div> | <div>SPECIALTY</div> <div>Orthopedics</div> | |
| <div>NPI NUMBER</div> <div>1456789012</div> | <div>CLINIC/PRACTICE</div> <div>Peninsula Bone & Joint</div> | |

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| <div>MAJOR COMPLAINT / PRESENTING SYMPTOMS</div> <div>pain</div> |
| <div>CLINICAL CONTEXT / HISTORY</div> <div>Need to refer Michael Brown to orthopedics for knee pain and possible injury</div> |

MEDICAL REFERRAL FORM

ANTICIPATED CPT CODES

MEDICAL REFERRAL FORM

99243 - Office consultation orthopedic evaluation ; 73060 - X-ray of knee

MEDICAL REFERRAL FORM

POTENTIAL ICD-10 CODES

MEDICAL REFERRAL FORM

M25.561 - Pain in right knee ; M54.5 - Low back pain ; M75.30 - Rotator

MEDICAL REFERRAL FORM

URGENCY LEVEL

MEDICAL REFERRAL FORM

Routine

MEDICAL REFERRAL FORM

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

MEDICAL REFERRAL FORM

Auto-Generated System

MEDICAL REFERRAL FORM

DATE SIGNED

MEDICAL REFERRAL FORM

11/22/2025

MEDICAL REFERRAL FORM

This referral was automatically generated by Healthcare AI Referral System

Requires physician review and authorization before processing