

# MEDICAL REFERRAL FORM

<div>DATE OF REFERRAL</div> <div>11/22/2025</div>	<div>REFERENCE NUMBER</div> <div>REF-160426</div>	
<div>PATIENT NAME</div> <div>Sarah Johnson</div>	<div>AGE</div> <div>35</div>	<div>SEX</div> <div>Female</div>
<div>DATE OF BIRTH</div> <div>07/22/1988</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. Sarah Lee</div>	<div>SPECIALTY</div> <div>Dermatology</div>	
<div>NPI NUMBER</div> <div>1239048572</div>	<div>CLINIC/PRACTICE</div> <div>Bay Area Skin Health Institute</div>	

<div>MAJOR COMPLAINT / PRESENTING SYMPTOMS</div> <div>skin rash on her arms and legs with itching</div>
<div>CLINICAL CONTEXT / HISTORY</div> <div>She has been experiencing skin rash on her arms and legs with itching</div>
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# MEDICAL REFERRAL FORM

ANTICIPATED CPT CODES

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99213 - Office visit dermatological examination ; 11100 - Biopsy of skin

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POTENTIAL ICD-10 CODES

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L30.9 - Dermatitis, unspecified ; C44.92 - Skin malignancy ; L70.0 - Acne

# 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

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**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



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