

MEDICAL REFERRAL FORM

DATE OF REFERRAL
11/22/2025

REFERENCE NUMBER
REF-154040

PATIENT NAME
Sarah Johnson

AGE
35
SEX
Female

DATE OF BIRTH
07/22/1988

INSURANCE PLAN
Blue Cross

NETWORK STATUS
IN-NETWORK

ESTIMATED COPAY
\$25.00

REFERRING TO SPECIALIST
Dr. Sarah Lee

SPECIALTY
Dermatology

NPI NUMBER
1239048572

CLINIC/PRACTICE
Bay Area Skin Health Institute

MAJOR COMPLAINT / PRESENTING SYMPTOMS
skin rash on her arms and legs with itching

CLINICAL CONTEXT / HISTORY
She has been experiencing skin rash on her arms and legs with itching

MEDICAL REFERRAL FORM

ANTICIPATED CPT CODES

MEDICAL REFERRAL FORM

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

MEDICAL REFERRAL FORM

POTENTIAL ICD-10 CODES

MEDICAL REFERRAL FORM

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

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

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