

# MEDICAL REFERRAL FORM

|  |                       |                  |      |
|--|-----------------------|------------------|------|
| DATE OF REFERRAL   |                       | REFERENCE NUMBER |      |
| 11/23/2025   |                       | REF-122738       |      |
| PATIENT NAME   |                       | AGE              | SEX  |
| David Martinez   |                       | 55               | Male |
| DATE OF BIRTH  |                       | INSURANCE PLAN   |      |
| 09/25/1970   |                       | Cigna Select     |      |
| NETWORK STATUS   |                       | ESTIMATED COPAY  |      |
| IN-NETWORK   |                       | \$30.00          |      |
| REFERRING TO SPECIALIST  |                       | SPECIALTY        |      |
| Dr. Emily Chen   |                       | Cardiology       |      |
| NPI NUMBER   | CLINIC/PRACTICE       |                  |      |
| 1457389201   | Mercy Heart Institute |                  |      |
| MAJOR COMPLAINT / PRESENTING SYMPTOMS  |                       |                  |      |
| pain, chest pain, shortness of breath  |                       |                  |      |
| CLINICAL CONTEXT / HISTORY   |                       |                  |      |
| Have you noticed any other symptoms, like fever, night sweats, or chest pain |                       |                  |      |