

MEDICAL REFERRAL FORM

DATE OF REFERRAL

11/23/2025

REFERENCE NUMBER

REF-105455

PATIENT NAME

David Martinez

AGE

55

SEX

Male

DATE OF BIRTH

09/25/1970

INSURANCE PLAN

Cigna Select

NETWORK STATUS

IN-NETWORK

ESTIMATED COPAY

\$30.00

REFERRING TO SPECIALIST

Dr. Emily Chen

SPECIALTY

Cardiology

NPI NUMBER

1457389201

CLINIC/PRACTICE

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