

MEDICAL REFERRAL FORM

DATE OF REFERRAL

11/23/2025

REFERENCE NUMBER

REF-002507

PATIENT NAME

David Martinez

AGE

55

SEX

Male

DATE OF BIRTH

09/25/1970

INSURANCE PLAN

Cigna Select

NETWORK STATUS

OUT-OF-NETWORK

ESTIMATED COPAY

100% Patient Responsibility

REFERRING TO SPECIALIST

Dr. Christopher Lee

SPECIALTY

Gastroenterology

NPI NUMBER

1802470135

CLINIC/PRACTICE

Golden Gate Digestive Health

MAJOR COMPLAINT / PRESENTING SYMPTOMS

pain, lesion, fatigue

CLINICAL CONTEXT / HISTORY

I've been having this chronic abdominal pain that won't go away