

# MEDICAL REFERRAL FORM

DATE OF REFERRAL		REFERENCE NUMBER	
11/23/2025		REF-120805	

PATIENT NAME		AGE	SEX
David Martinez		55	Male

DATE OF BIRTH		INSURANCE PLAN	
09/25/1970		Cigna Select	

NETWORK STATUS		ESTIMATED COPAY	
OUT-OF-NETWORK		100% Patient Responsibility	

REFERRING TO SPECIALIST		SPECIALTY	
Dr. Christopher Lee		Gastroenterology	

NPI NUMBER	CLINIC/PRACTICE
1802470135	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	