

# MEDICAL REFERRAL FORM

<div>DATE OF REFERRAL</div> <div>11/22/2025</div>	<div>REFERENCE NUMBER</div> <div>REF-183329</div>	
<div>PATIENT NAME</div> <div>Robert Wilson</div>	<div>AGE</div> <div>43</div>	<div>SEX</div> <div>Male</div>
<div>DATE OF BIRTH</div> <div>09/30/1980</div>	<div>INSURANCE PLAN</div> <div>Blue Cross</div>	
<div>NETWORK STATUS</div> <div>IN-NETWORK</div>	<div>ESTIMATED COPAY</div> <div>\$25.00</div>	
<div>REFERRING TO SPECIALIST</div> <div>Dr. Rachel Thompson</div>	<div>SPECIALTY</div> <div>Dermatology</div>	
<div>NPI NUMBER</div> <div>1567890124</div>	<div>CLINIC/PRACTICE</div> <div>Coastal Dermatology Group</div>	

MAJOR COMPLAINT / PRESENTING SYMPTOMS

suspicious skin lesion that has changed in appearance

CLINICAL CONTEXT / HISTORY

The patient has been experiencing suspicious skin lesion that has changed in appearance

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ANTICIPATED CPT CODES

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99213 - Established patient office visit ; 11100 - Biopsy of skin lesion ;

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POTENTIAL ICD-10 CODES

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L30.9 - Dermatitis, unspecified ; L70.0 - Acne vulgaris ; L40.9 -

# 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

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**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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