

MEDICAL REFERRAL FORM

DATE OF REFERRAL
11/22/2025

REFERENCE NUMBER
REF-193135

PATIENT NAME
Ahmed Hassan

AGE
45
SEX
Male

DATE OF BIRTH
06/12/1978

INSURANCE PLAN
Blue Cross

NETWORK STATUS
IN-NETWORK

ESTIMATED COPAY
\$25.00

REFERRING TO SPECIALIST
Dr. Robert Kim

SPECIALTY
Orthopedics

NPI NUMBER
1456789012

CLINIC/PRACTICE
Peninsula Bone & Joint

MAJOR COMPLAINT / PRESENTING SYMPTOMS
chronic knee pain and limited range of motion

CLINICAL CONTEXT / HISTORY
The patient has been experiencing chronic knee pain and limited range of motion

MEDICAL REFERRAL FORM

ANTICIPATED CPT CODES

MEDICAL REFERRAL FORM

99243 - Office consultation orthopedic evaluation ; 73060 - Radiologic

MEDICAL REFERRAL FORM

POTENTIAL ICD-10 CODES

MEDICAL REFERRAL FORM

M25.561 - Pain in right knee ; M54.5 - Low back pain ; M75.30 - Calcific

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

MEDICAL REFERRAL FORM

AUTHORIZATION & SIGNATURES

MEDICAL REFERRAL FORM

REFERRING PROVIDER SIGNATURE

MEDICAL REFERRAL FORM

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MEDICAL REFERRAL FORM

DATE SIGNED

MEDICAL REFERRAL FORM

11/22/2025

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