

MEDICAL REFERRAL FORM

DATE OF REFERRAL
11/22/2025

REFERENCE NUMBER
REF-215254

PATIENT NAME
Michael Williams

AGE
60
SEX
Male

DATE OF BIRTH
07/18/1965

INSURANCE PLAN
Uninsured

NETWORK STATUS
SELF-PAY

ESTIMATED COPAY
100% Patient Responsibility

REFERRING TO SPECIALIST
Dr. Alexandra Petrov

SPECIALTY
Neurology

NPI NUMBER
1357924680

CLINIC/PRACTICE
Bay Area Neurology Institute

MAJOR COMPLAINT / PRESENTING SYMPTOMS
pain, back pain

CLINICAL CONTEXT / HISTORY
I've been having really bad lower back pain for about three months now

MEDICAL REFERRAL FORM

ANTICIPATED CPT CODES

MEDICAL REFERRAL FORM

99204 - New patient neurology consultation ; 95860 - Needle

MEDICAL REFERRAL FORM

POTENTIAL ICD-10 CODES

MEDICAL REFERRAL FORM

G93.1 - Anoxic brain damage, not elsewhere classified ; G40.909 -

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

Auto-Generated System

MEDICAL REFERRAL FORM

DATE SIGNED

MEDICAL REFERRAL FORM

11/22/2025

MEDICAL REFERRAL FORM

This referral was automatically generated by Healthcare AI Referral System

Requires physician review and authorization before processing