

MEDICAL REFERRAL FORM

DATE OF REFERRAL		REFERENCE NUMBER	
11/22/2025		REF-221412	
PATIENT NAME		AGE	SEX
Sarah Davis		41	Female
DATE OF BIRTH		INSURANCE PLAN	
12/05/1983		Uninsured	
NETWORK STATUS		ESTIMATED COPAY	
SELF-PAY		100% Patient Responsibility	
REFERRING TO SPECIALIST		SPECIALTY	
Dr. Alexandra Petrov		Neurology	
NPI NUMBER	CLINIC/PRACTICE		
1357924680	Bay Area Neurology Institute		

MAJOR COMPLAINT / PRESENTING SYMPTOMS	
for a subarachnoid hemorrhage, which is bleeding in the space around the brain	
CLINICAL CONTEXT / HISTORY	
I have this terrible headache	
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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

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