

# MEDICAL REFERRAL FORM

<b>DATE OF REFERRAL</b>	<b>REFERENCE NUMBER</b>	
11/23/2025	REF-001000	
<b>PATIENT NAME</b>	<b>AGE</b>	<b>SEX</b>
Sarah Davis	41	Female
<b>DATE OF BIRTH</b>	<b>INSURANCE PLAN</b>	
12/05/1983	Uninsured	
<b>NETWORK STATUS</b>	<b>ESTIMATED COPAY</b>	
SELF-PAY	100% Patient Responsibility	
<b>REFERRING TO SPECIALIST</b>	<b>SPECIALTY</b>	
Dr. Alexandra Petrov	Neurology	
<b>NPI NUMBER</b>	<b>CLINIC/PRACTICE</b>	
1357924680	Bay Area Neurology Institute	
<b>MAJOR COMPLAINT / SYMPTOMS</b>		
for a subarachnoid hemorrhage, which is bleeding in the space around the		
<b>CLINICAL CONTEXT</b>		
I have this terrible headache		
<b>ANTICIPATED CPT CODES</b>		
<b>POTENTIAL ICD-10 CODES</b>		
<b>URGENCY LEVEL</b>	<b>AUTHORIZATION</b>	<b>FOLLOW-UP</b>
Routine	Not Required	Required
<b>AUTHORIZATION &amp; SIGNATURES</b>		
<b>REFERRING PROVIDER</b>	<b>DATE SIGNED</b>	
Auto-Generated System	11/23/2025	