

MEDICAL REFERRAL FORM

DATE OF REFERRAL
11/22/2025

REFERENCE NUMBER
REF-183329

PATIENT NAME
Robert Wilson

AGE
43
SEX
Male

DATE OF BIRTH
09/30/1980

INSURANCE PLAN
Blue Cross

NETWORK STATUS
IN-NETWORK

ESTIMATED COPAY
\$25.00

REFERRING TO SPECIALIST
Dr. Rachel Thompson

SPECIALTY
Dermatology

NPI NUMBER
1567890124

CLINIC/PRACTICE
Coastal Dermatology Group

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

MEDICAL REFERRAL FORM

ANTICIPATED CPT CODES

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

MEDICAL REFERRAL FORM

POTENTIAL ICD-10 CODES

MEDICAL REFERRAL FORM

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

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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Requires physician review and authorization before processing