

MEDICAL REFERRAL FORM

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| DATE OF REFERRAL |
| 11/22/2025 |

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| REFERENCE NUMBER |
| REF-221412 |

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| PATIENT NAME |
| Sarah Davis |

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| AGE |
| 41 |
| SEX |
| Female |

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| DATE OF BIRTH |
| 12/05/1983 |

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| INSURANCE PLAN |
| Uninsured |

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| NETWORK STATUS |
| SELF-PAY |

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|-----------------------------|
| ESTIMATED COPAY |
| 100% Patient Responsibility |

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| REFERRING TO SPECIALIST |
| Dr. Alexandra Petrov |

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| SPECIALTY |
| Neurology |

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|-------------------|
| NPI NUMBER |
| 1357924680 |

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| CLINIC/PRACTICE |
| Bay Area Neurology Institute |

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| MAJOR COMPLAINT / PRESENTING SYMPTOMS |
| for a subarachnoid hemorrhage, which is bleeding in the space around the brain |

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| CLINICAL CONTEXT / HISTORY |
| I have this terrible headache |

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