MEDICAL REFERRAL FORM

DATE OF REFERRAL	REFERENCE NUMBER
11/23/2025	REF-105545

PATIENT NAME	AGE	SEX
David Martinez	55	Male

DATE OF BIRTH	INSURANCE PLAN
09/25/1970	Cigna Select

NETWORK STATUS	ESTIMATED COPAY
OUT-OF-NETWORK	100% Patient Responsibility

REFERRING TO SPECIALIST	SPECIALTY
Dr. Christopher Lee	Gastroenterology

NPI NUMBER	CLINIC/PRACTICE
1802470135	Golden Gate Digestive Health

MAJOR COMPLAINT / PRESENTING SYMPTOMS

pain, lesion, fatigue

CLINICAL CONTEXT / HISTORY

I've been having this chronic abdominal pain that won't go away