

# MEDICAL REFERRAL FORM

**DATE OF REFERRAL**

11/23/2025

**REFERENCE NUMBER**

REF-002505

**PATIENT NAME**

David Martinez

**AGE**

55

**SEX**

Male

**DATE OF BIRTH**

09/25/1970

**INSURANCE PLAN**

Cigna Select

**NETWORK STATUS**

IN-NETWORK

**ESTIMATED COPAY**

\$30.00

**REFERRING TO SPECIALIST**

Dr. Emily Chen

**SPECIALTY**

Cardiology

**NPI NUMBER**

1457389201

**CLINIC/PRACTICE**

Mercy Heart Institute

**MAJOR COMPLAINT / PRESENTING SYMPTOMS**

pain, chest pain, shortness of breath

**CLINICAL CONTEXT / HISTORY**

Have you noticed any other symptoms, like fever, night sweats, or chest pain