

MEDICAL REFERRAL FORM

<div>DATE OF REFERRAL</div> <div>11/22/2025</div>	<div>REFERENCE NUMBER</div> <div>REF-183606</div>	
<div>PATIENT NAME</div> <div>Ahmed Hassan</div>	<div>AGE</div> <div>45</div>	<div>SEX</div> <div>Male</div>
<div>DATE OF BIRTH</div> <div>06/12/1978</div>	<div>INSURANCE PLAN</div> <div>Blue Cross</div>	
<div>NETWORK STATUS</div> <div>IN-NETWORK</div>	<div>ESTIMATED COPAY</div> <div>\$25.00</div>	
<div>REFERRING TO SPECIALIST</div> <div>Dr. Robert Kim</div>	<div>SPECIALTY</div> <div>Orthopedics</div>	
<div>NPI NUMBER</div> <div>1456789012</div>	<div>CLINIC/PRACTICE</div> <div>Peninsula Bone & Joint</div>	

MAJOR COMPLAINT / PRESENTING SYMPTOMS

chronic knee pain and limited range of motion

CLINICAL CONTEXT / HISTORY

The patient has been experiencing chronic knee pain and limited range of motion

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ANTICIPATED CPT CODES

MEDICAL REFERRAL FORM

99243 - Office consultation orthopedic evaluation ; 73060 - Radiologic

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POTENTIAL ICD-10 CODES

MEDICAL REFERRAL FORM

M25.561 - Pain in right knee ; M54.5 - Low back pain ; M75.30 - Calcific

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

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DATE SIGNED

MEDICAL REFERRAL FORM

11/22/2025

MEDICAL REFERRAL FORM

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