

MEDICAL REFERRAL FORM

<div>DATE OF REFERRAL</div> <div>11/22/2025</div>	<div>REFERENCE NUMBER</div> <div>REF-224740</div>	
<div>PATIENT NAME</div> <div>David Martinez</div>	<div>AGE</div> <div>55</div>	<div>SEX</div> <div>Male</div>
<div>DATE OF BIRTH</div> <div>09/25/1970</div>	<div>INSURANCE PLAN</div> <div>Cigna Select</div>	
<div>NETWORK STATUS</div> <div>OUT-OF-NETWORK</div>	<div>ESTIMATED COPAY</div> <div>100% Patient Responsibility</div>	
<div>REFERRING TO SPECIALIST</div> <div>Dr. Rachel Thompson</div>	<div>SPECIALTY</div> <div>Dermatology</div>	
<div>NPI NUMBER</div> <div>1567890124</div>	<div>CLINIC/PRACTICE</div> <div>Coastal Dermatology Group</div>	

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

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ANTICIPATED CPT CODES

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

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POTENTIAL ICD-10 CODES

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L30.9 - Dermatitis, unspecified ; L70.0 - Acne vulgaris ; L40.9 -

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URGENCY LEVEL

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Routine

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AUTHORIZATION

MEDICAL REFERRAL FORM

Pending

MEDICAL REFERRAL FORM

FOLLOW-UP

MEDICAL REFERRAL FORM

Required

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AUTHORIZATION & SIGNATURES

MEDICAL REFERRAL FORM

REFERRING PROVIDER SIGNATURE

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Auto-Generated System

MEDICAL REFERRAL FORM

DATE SIGNED

MEDICAL REFERRAL FORM

11/22/2025

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