

MEDICAL REFERRAL FORM

DATE OF REFERRAL		REFERENCE NUMBER	
11/23/2025		REF-105457	
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			