

# MEDICAL REFERRAL FORM

<b>DATE OF REFERRAL</b>
11/22/2025

<b>REFERENCE NUMBER</b>
REF-183606

<b>PATIENT NAME</b>
Ahmed Hassan

<b>AGE</b>
45
<b>SEX</b>
Male

<b>DATE OF BIRTH</b>
06/12/1978

<b>INSURANCE PLAN</b>
Blue Cross

<b>NETWORK STATUS</b>
IN-NETWORK

<b>ESTIMATED COPAY</b>
\$25.00

<b>REFERRING TO SPECIALIST</b>
Dr. Robert Kim

<b>SPECIALTY</b>
Orthopedics

<b>NPI NUMBER</b>
1456789012

<b>CLINIC/PRACTICE</b>
Peninsula Bone & Joint

<b>MAJOR COMPLAINT / PRESENTING SYMPTOMS</b>
chronic knee pain and limited range of motion

<b>CLINICAL CONTEXT / HISTORY</b>
The patient has been experiencing chronic knee pain and limited range of motion

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## ANTICIPATED CPT CODES

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99243 - Office consultation orthopedic evaluation ; 73060 - Radiologic

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## POTENTIAL ICD-10 CODES

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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

Auto-Generated System

# MEDICAL REFERRAL FORM

**DATE SIGNED**

# MEDICAL REFERRAL FORM

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Requires physician review and authorization before processing