



Patient Information	
Patient Name <b>PRISCILLA</b>	Patient Barcode Sticker 
DOB, Medical Record Number (MRN) [REDACTED] [REDACTED]	
Requesting Provider	
Assigned Provider/Practice Name: Jane Ferreira, MD / MyClinicalService	Specialty/Department: Internal Medicine
Address: 900 23rd St NW Washington, DC 20037	Phone: (202) 555-1212 Facsimile #: (202) 555-1212
Consultant Provider	
Provider's Name: to be assigned	Specialty/Department: Molecular Science/M1 Training
Address: 2300 I St NW, Suite 201 Washington, DC 20052	Phone: (202) 555-1212 Facsimile #: (202) 555-1212
Referral Information	
Authorization No:	Authorization Type:
Reason for Referral: <b>Evaluation of Familial Partial Lipodystrophy</b>	
Diagnosis: <b>E88.1 Lipodystrophy, not elsewhere classified</b>	
<p><b>Clinical Notes:</b> 32 year old Olympic sprinter was contacted through her agent (by a girl who apparently diagnosed and saved her father's life) and warned that she might have a genetic disorder involving "fat wasting" or lack of "fat differentiation". After years of harassment by competition drug doping panels who accused her of taking testosterone due to her muscular physique and low body fat, she is interested in exploring alternative explanations. In addition, this might help to explain some symptoms that suggest an onset of pancreatitis.</p> <p>A blood sample has been sent out for analysis with an LMNA genetic testing panel. The genetic test result report will be faxed to the Molecular Science/M1 Training program for evaluation.</p> <p>Please consult with the patient and send a copy of the final report back to this office. Thanks.</p>	
Procedures: Variant Interpretation – Molecular Impact Characterization	
Visits Allowed: 3	
Unit Type: V (VISIT)	
Referral is Valid Until: 09/30/2018	
Notes: Patient must arrive 30 minutes early, with a picture ID, Insurance card and have a copy of this referral. Please bring a list of medications the patient is taking with you to this appointment (including over the counter).	
<b>Please send the final report by Fax to: (202) 555-1212</b>	
Signature: 	
Ferreira, Jane, MD on 08/29/2018 at 5:38 PM EDT	