



Patient Information	
Patient Name SAM	Patient Barcode Sticker 
DOB, Medical Record Number (MRN) <div style="background-color: #ccc; width: 100px; height: 15px; display: inline-block;"></div> <div style="background-color: #ccc; width: 100px; height: 15px; display: inline-block;"></div>	
Requesting Provider	
Assigned Provider/Practice Name: Jane Ferreiro, 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: Evaluation of Hutchinson-Guilford Progeria	
Diagnosis: E34.8 – Other specified endocrine disorders	
<p>Clinical Notes: 22 month old boy apparently healthy for the first 6 months of his life began deteriorating in growth (height and weight) and showed signs of alopecia. However, tests for alopecia and other evaluations were negative. Over the next year the parents (both physicians) pushed for further evaluations and at 22 months, he was diagnosed with Hutchinson-Guildford Progeria. The mother has now gone into medical research and, working with a human genetics expert, is attempting to identify the molecular mechanism behind his disorder which has been narrowed down to a defect in the LMNA protein - for development of a specific and effective treatment if not cure.</p> <p>A blood sample has been sent out for analysis with an Hutchinson-Guildford Progeria (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 family 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. If the referred patient is a minor and anyone other than the child's parents are escorting the child to the appointment, a letter of consent by the parent is needed. Please bring a list of medications the patient is taking with you to this appointment (including over the counter).	
Please send the final report by Fax to: (202) 555-1212	
Signature: 	
Ferreiro, Jane, MD on 08/29/2018 at 6:17 PM EDT	