



Patient Information	
Patient Name BO	Patient Barcode Sticker 
DOB, Medical Record Number (MRN) [REDACTED] [REDACTED]	
Requesting Provider	
Assigned Provider/Practice Name: Jane Ferreira, MD / MyClinicalService	Specialty/Department: Pediatrics
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 Hemophilia	
Diagnosis: D68.311 – Hemophilia	
<p>Clinical Notes: 10 year old male was referred after arriving and being treated for a profusely bleeding cut on the middle phalanx of left index finger with stitches in the emergency room last night. (He fancies himself a chef and cut himself while preparing dinner.) The parents mentioned previous episodes of prolonged bleeding which hadn't risen to the level of an ER visit but were concerning. No "genetic" family history is available as Bo was adopted from China at the age of 3 years old.</p> <p>Analyte tests have been ordered and a blood sample has been sent out for analysis with a Hemophilia 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	
<p>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).</p>	
Please send the final report by Fax to: (202) 555-1212	
Signature: 	
Ferreira, Jane, MD on 08/29/2018 at 2:41 PM EDT	