



| Patient Information | |
|---|---|
| Patient Name JAMES | Patient Barcode Sticker  |
| DOB, Medical Record Number (MRN) [REDACTED] | |
| Requesting Provider | |
| Assigned Provider/Practice Name: Jane Ferreiro, MD / MyClinicalService | Specialty/Department: Family Practice |
| 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: 8 month old boy was referred after a visit to the emergency room due to a relentless nosebleed caused by a fall, “bumping into a coffee table”. His mother was also concerned about some visible bruising on his knees and palms since he began crawling at 6 months. When questioned, the mother was concerned about a possible family history of bleeding issues. She required a blood transfusion after natural childbirth, which her doctor suggested was unusual, and her only brother died at the age of 6 years old from a “brain bleed” after he fell out of a tree in the family back yard.</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 mother 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:  | |
| Ferreiro, Jane, MD on 08/29/2018 at 12:57 AM EDT | |