



Patient Information	
Patient Name LESLIE	Patient Barcode Sticker 
DOB, Medical Record Number (MRN) <div style="background-color: #ccc; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: #ccc; width: 100px; height: 15px;"></div>	
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 genetic predisposition to Lynch Syndrome	
Diagnosis: Z15.09 – Genetic susceptibility to other malignant neoplasm	
<p>Clinical Notes: 40-year-old female was referred after a visit to her primary care physician with complaints of constipation, bloody stools and chronic abdominal pain. She has a personal history of colonic polyps that had been managed by a previous gastroenterologist and the medical records are not available. Upon questioning, she mentioned a family history of several relatives on her maternal side including grandmother, mother and uncle who had been diagnosed with “multiple bouts” of various forms of cancers including breast, endometrium, and colon. An ultrasound shows a 2cm diameter mass on her descending colon.</p> <p>Analyte tests have been ordered and a blood sample has been sent out for analysis with a Lynch Syndrome Mutation Evaluation genetic testing panel. The 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	
<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	