



Patient Information	
Patient Name MARCO	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: 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: 2-year-old boy was referred after a visit to the emergency room due to significant bruising and severe pain after his first soccer practice. His mother was also concerned about previous episodes where he had scratched himself with his own fingernails and subsequent bleeding took a very, very long time to stop. Several additional bruising and bleeding episodes were noted. When questioned about any family history of bleeding, the mother mentioned that there had only been daughters born in a couple of generations, but that a cousin was known to have hemophilia and died at the age of 13 after a serious leg laceration that occurred in a remote island with limited access to medical care.</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	
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 12:57 AM EDT	