



Patient Information	
Patient Name JONATHAN	Patient Barcode Sticker 
DOB, Medical Record Number (MRN) [REDACTED] [REDACTED]	
Requesting Provider	
Assigned Provider/Practice Name: Jane Ferreiro, MD / MyClinicalService	Specialty/Department: Coroner/Medical Examiner's Office
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 Marfan Syndrome (Q87.4)	
Diagnosis: Death due to Thoracic aortic dissection	
<p>Clinical Notes: A 35 year old, caucasian male was found unresponsive on his kitchen floor and pronounced dead on the scene by EMS, who delivered the body to the Medical Examiner's Office. Tox screen was negative with no evidence of trauma. Cause of death was determined to be thoracic aortic dissection.</p> <p>The cause of death as well as other typical clinical features present in the body that are commonly associated with Marfan Syndrome (tall and lanky stature, long and narrow face with deeply set eyes, and pectus excavatum) concerned the family who requested additional investigative measures.</p> <p>Follow up on a full diagnosis is important because the patient was reported to have visited two local emergency rooms in the three days prior to death with apparent mis-diagnoses of food poisoning and generalized viral syndrome, respectively.</p> <p>A blood sample has been sent out for Marfan Syndrome - targeted variant analysis (genetic testing). 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: A representative of the family must arrive 30 minutes early, with a picture ID, Insurance card and have a copy of this referral.	
Please send the final report by Fax to: (202) 555-1212	
Signature:	
	
Ferreiro, Jane, MD on 08/29/2018 at 10:15 AM EDT	