Medical Referral Form

Patient Information

First Name: Miguel
Last Name: Guerrero
Date of birth: 06/15/1980
Gender: ☑ Male ☐ Female
Address: 123 Main St.
City: Springfield
State: Illinois
Zip: 62704
Phone Number: (555) 123-4567
Email Address: mguerrero@email.com

Insurance Information

Insurance Provider: HealthGuard Insurance
Policy Number: HG123456
Group Number: HG789

Referring Physician Information

Name: Dr. Jane Smith
Address: 456 Elm St.
City: Springfield
State: Illinois
Zip: 62704
Phone Number: (555) 987-6543
Fax Number: (555) 987-6544
NPI Number: 1234567890

Reason For Referral

Referral Specialty: Cardiology
Referral Diagnosis (ICD-10 code if available): I25.10 - Atherosclerotic heart disease
Clinical Summary: Patient presented with intermittent chest pain and shortness of breath, particularly during physical activity. Patient has a family history of heart disease. Physical examination, EKG, and blood tests were unremarkable. Patient needs further evaluation by a cardiologist to rule out any underlying issues.

Additional Tests/Procedures (if applicable)

Please indicate any additional tests or procedures that have been conducted or are recommended:

Stress Test
Echocardiogram
Chest X-ray

Specialist/Provider Information (if applicable)

Name: Dr. Mark Johnson

Address: 789 Oak St. City: Springfield State: Illinois Zip: 62704

Phone Number: (555) 111-2222 Fax Number: (555) 111-2223 NPI Number: 0987654321

Appointment Information

Preferred Date: 05 / 01 / 2023

Preferred Time: Morning

Referring Physician Signature: Dr. Jane Smith Date: 04 / 21 / 23

Note: Please attach any relevant medical records, lab results, or imaging studies that may assist the specialist in evaluating the patient's condition.