



Patient Information	
Patient Name ALEXEI	Patient Barcode Sticker 
DOB, Medical Record Number (MRN) <div style="background-color: #cccccc; width: 100px; height: 15px; display: inline-block;"></div> <div style="background-color: #cccccc; width: 100px; height: 15px; display: inline-block;"></div>	
Requesting Provider	
Assigned Provider/Practice Name: Jane Ferreiro, MD / MyClinicalService	Specialty/Department: Pediatrics
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 B (Factor IX Deficiency)	
<p>Clinical Notes: 8 year old boy developed a severe hematoma on his left thigh after bumping into a boat's oarlock. His father indicated a long history of recurrent episodes of illness (bruises, bleeding episodes, and long painful recoveries) since shortly after birth.</p> <p>The father's concern about his current condition is driven by the presence of a Monk with a questionable reputation who claims he alone and his mysticism can cure the boy. The father would like to take a more scientific approach and examine the possibility of an inherited bleeding disorder that appears to exist in many cousins of the maternal family.</p> <p>A lab test suggested a deficiency in Factor IX 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 father 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 11:43 AM EDT	