



Patient Information	
<b>Patient Name</b> <b>BO</b>	<b>Patient Barcode Sticker</b> 
<b>DOB, Medical Record Number (MRN)</b> <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	
<b>Assigned Provider/Practice Name:</b> Jane Ferreiro, MD / MyClinicalService	<b>Specialty/Department:</b> Pediatrics
<b>Address:</b> 900 23rd St NW Washington, DC 20037	<b>Phone:</b> (202) 555-1212 <b>Facsimile #:</b> (202) 555-1212
Consultant Provider	
<b>Provider's Name:</b> to be assigned	<b>Specialty/Department:</b> Molecular Science/M1 Training
<b>Address:</b> 2300 I St NW, Suite 201 Washington, DC 20052	<b>Phone:</b> (202) 555-1212 <b>Facsimile #:</b> (202) 555-1212
Referral Information	
<b>Authorization No:</b>	<b>Authorization Type:</b>
<b>Reason for Referral: Evaluation of Hemophilia</b>	
<b>Diagnosis: D68.311 – Hemophilia B (Factor IX Deficiency)</b>	
<p><b>Clinical Notes:</b> 10 year old male was referred after arriving and being treated for a profusely bleeding cut on the middle phalanx of left index finger with stitches in the emergency room last night. (He fancies himself a chef and cut himself while preparing dinner.) The parents mentioned previous episodes of prolonged bleeding which hadn't risen to the level of an ER visit but were concerning. No "genetic" family history is available as Bo was adopted from China at the age of 3 years old. An ER-ordered lab test returned results suggesting a moderate deficiency in Factor IX activity.</p> <p>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 family and send a copy of the final report back to this office. Thanks.</p>	
<b>Procedures:</b> Variant Interpretation – Molecular Impact Characterization	
<b>Visits Allowed:</b> 3	
<b>Unit Type:</b> V (VISIT)	
<b>Referral is Valid Until:</b> 09/30/2018	
<b>Notes:</b> 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).	
<b>Please send the final report by Fax to: (202) 555-1212</b>	
<b>Signature:</b> 	
Ferreiro, Jane, MD on 08/29/2018 at 2:41 PM EDT	