



Patient Information	
Patient Name JEFF	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: Internal Medicine
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 Hemochromatosis	
Diagnosis: E83.119 – Hemochromatosis, unspecified, not elsewhere classified	
Clinical Notes: A 46 year old, caucasian male presented to the clinic demonstrating symptomology consistent with early stages of liver failure. Lab results indicated elevated liver enzymes with evidence of ketoacidosis, excess abdominal ascites, and splenomegaly. A preliminary diagnosis was made of cirrhosis with secondary complications due to diabetes caused by chronic alcohol consumption. Despite adherence to metformin therapy, dietary interventions, and abstinence of alcohol consumption, symptoms progressed. The patient has requested a thorough re-evaluation of his case and insists on a genetic test for hemochromatosis. Initial review of the original lab results indicated a potentially missed set of important results - extremely elevated levels of Serum Iron (2300ug/dL) and Transferrin saturation (72%). Thus, the original diagnosis of alcohol-induced liver damage has been called into question. As requested, a blood sample has been sent out for Hereditary Hemochromatosis - targeted variant analysis (genetic testing). The genetic test result report will be faxed to the Molecular Science/M1 Training program for evaluation. Please consult with the patient and send a copy of the final report back to this office. Thanks	
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. 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 5:10 PM EDT	