



Patient Information	
Patient Name RAVEN	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 Ferreira, MD / MyClinicalService	Specialty/Department: Family Practice
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 Carrier Status	
Diagnosis: Z14.8 – Asymptomatic Carrier of “Other” Genetic Disorder	
<p>Clinical Notes: 25 year old female was referred for consultation after her son was diagnosed with Hemophilia. In addition to the identification of a specifically diagnosed proband, she mentioned a 6 year old brother who died of a “brain bleed” who she suspects might have “had Hemophilia too”. She described her own history as unremarkable, but upon questioning mentioned that she required a blood transfusion after “normal childbirth” and has “always had really, really heavy periods”. She requested evaluation of potential carrier status for family planning purposes.</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 patient 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. 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: 	
Ferreira, Jane, MD on 08/29/2018 at 1:37 PM EDT	