Dr.:	John Smith, MD	Month:	príl 2013

Referral Date	Member Name & SSN	Health Plan	Type of Referral*	Reason for Referral/DX	Service Requested	Date Rec'd from UR	Status of Referral**	Date Patient Notified	Date Appt. Scheduled	Date Consult Report Rec'd	Date of Follow Up if Report not Received
4/1/13	Jane Doe #12345	ABC	Routine	Pap Smear	OB/GYN	4/3/13	Approved	4/3/13	4/8/13	4/12/13	
	John Doe			'	'						
4/3/13	#67890	ABC	Routine	Stress Test	Cardiology	4/5/13	Approved	4/5/13	4/10/13		5/14/13
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	A sys	stem	must	pe in pla	ice to tr	ack r	eceipt	OI CO	nsuit re	eports	
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^{*} Type of Referral: Urgent, Emergent, or Routine

^{**} Status of Referral: Approved, Modified, Deferred, Denied