

Please fax recent clinic notes, imaging, testing, and procedures.

Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Referring Physician Signature: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Evaluation and treatment of:

**Diagnostic Vascular Studies**

- Venous Insufficiency US
- Venous US for DVT
- Peripheral arterial US
- ABI / PVR
- Mesenteric arterial duplex
- Renal arterial duplex
- Other \_\_\_\_\_

**Venous Issues**

- Deep Vein Thrombosis, chronic or acute
- May-Thurner Syndrome
- IVC Filter Removal
- Lower extremity Edema
- Other \_\_\_\_\_

**General Procedures**

- Infusion Port
- Dialysis Catheter
- Dialysis access evaluation
- Nephrostomy / ureteral stent
- Gastric or G-J tube
- Biopsy
- Other: \_\_\_\_\_

**Vascular Issues of Extremity**

- Arterial disease / gangrene
- Venous ulcer
- Wound of unspecified origin
- Leg edema
- Leg pain
- Other: \_\_\_\_\_

**Spinal Interventions**

- Vertebroplasty / kyphoplasty
- ESI / facet injection
- Other: \_\_\_\_\_

**Women's Health**

- Pelvic Congestion Syndrome
- Uterine Fibroid Embolization
- Unspecified Pelvic Pain

**Men's Health**

- Prostatic Artery Embolization
- Varicocele Embolization