



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

Phone: (720) 668-8818 - Fax: (877) 229-5440

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 US
- Renal Arterial Duplex
- Carotid Doppler
- 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
- Other \_\_\_\_\_

**Vascular Issues of Extremity**

- Arterial Disease / Gangrene
- Venous Ulcer
- Wound of Unspecified Origin
- Leg Swelling
- Leg Pain
- Other \_\_\_\_\_

**Spinal Interventions**

- Vertebroplasty / Kyphoplasty
- ESI / Facet Injection
- Other \_\_\_\_\_

**Men's Health**

- Prostatic Artery Embolization
- Varicocele Embolization

**Women's Health**

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