

# REFERRAL FORM

1000 Crescent Green, Suite 102  
Cary, North Carolina, 27518  
Phone 919-897-5999



Vascular Solutions of North Carolina

## FAX: 919-897-5980

### Please include with FAX the following:

Face Sheet	Copies of Insurance Cards
Medication List/Labs	Referring Drs Name/NPI
Most Recent H&P	Dr. Phone & Fax number

### Patients Information (If residence is a nursing home please check here and use that address)

Name:	DOB:
Address:	Patient Phone#:
State:	Zip:
Insurance:	ICD 10 Codes:

PAD Evaluation                       Venous Evaluation                       Other \_\_\_\_\_

#### Indication

Abnormal ABI                       Claudication  
 Varicose Veins                       Pain  
 Other \_\_\_\_\_

#### Lower Extremity

Gangrenous Toe

Right    Left    Both

Non Healing Wounds  
 Swollen Extremity/Edema  
 Foot Ulcer

Prostate Artery Embolization

Uterine Fibroid Embolization

Other \_\_\_\_\_

### Additional Procedure Request

Line Removal \_\_\_\_\_

Pic Line Insertion \_\_\_\_\_

### Indication (Please List)

### Physician's Orders:

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_