Fayetteville Vascular and Vein Center, P.A.

Vascular Referral Form

Non Invasive Vascular Imaging Also Provided by Fayetteville Vascular and Vein Center, P.A.

Today's Date: _____

Patient Name: _____

Patient Date of Birth: _____ SS#: _____

Contact Person/Patient Representative: _____ Relationship: _____

Phone: Home _____ Cell: _____ Work: _____

Patient Address: _____

City: _____ State: _____ Zip Code: _____

(If nursing home, please indicate and use that address and phone number.)

Peripheral Vascular Disease (PVD)

❑ Claudication ❑ Leg/Foot Ulcers ❑ Abnormal Vascular Studies (ABI, Ultrasound, MRA, CTA, Angiograms)
❑ Rest Pain ❑ Extremity Gangrene ❑Upper Extremity PVD ❑ Renal Artery Stenosis
❑ Mesenteric Ischemia ❑ Other_____

Carotid Artery Disease

❑ Carotid Bruit ❑ Stroke ❑ TIA ❑ Abnormal Carotid Studies (Duplex, MRA, CTA)

Varicose Veins & Venous Disorders

❑ Leg Swelling ❑ Venous Ulcer ❑ Deep Venous Thrombosis ❑ IVC Filter Placement ❑ Venous Dermatitis
❑ Leg Pain ❑ Varicose Veins ❑ Lymphedema ❑ Upper Extremity Swelling

Aneurysms

❑ Abdominal Aortic Aneurysm ❑ Thoracic Aneurysm ❑ Peripheral Aneurysms ❑ Visceral Aneurysms

Wound Care

❑ Diabetic ulcers ❑ Venous Ulcers ❑ Decubitus Ulcers ❑ Compression Wraps ❑ Wound VAC Management

Outpatient/ In-Office Venous Access Procedures

❑ Porta Cath ❑ Perm Cath ❑ Power PICC ❑ Hickmans

The Following Information MUST BE COMPLETED IN FULL

Referring Physician: _____ Clinic Name: _____

Primary Care Physician: _____ Referring NPI#: _____

Phone: _____ Fax: _____ Contact Name: _____

To Facilitate and Speed Up Scheduling Please Fax the Following Items to Our Office Along with the Referral Form:

1. Insurance Cards 2. Patient Demographic Sheet 3. Medication List 4. Most Recent H & P
5. Labs, CT Scans, Ultrasound and Procedure Reports Pertaining to the Diagnosis

Our Office Will Notify the Patient About Their Appointment

3410 Village Drive, Suite 200 ● Fayetteville NC 28304 ● Tel: 910.401.0202 ● Fax: 910.401.0210