

DIAGNOSTIC VASCULAR AND INTERVENTIONAL PROCEDURE REQUEST



PATIENT SCHEDULING

Providers must fax this referral to (833) 764-4314.
A patient representative will contact the patient to schedule once it is received.

PHONE: (888) NAT-VASC

(Dial 888-628-8272)

FAX: (833) 764-4314

Patient Name: _____ Phone Number: _____ DOB: ____/____/____

Patient Address: _____

Physician Name (Clearly Legible): _____ Fax Number: _____

Physician Signature: _____ Date (Required): _____

CONSULTATION FORM

ARTERIAL:

- Aortic Aneurysm
- Carotid Disease
- Peripheral Arterial Disease (PAD)

VENOUS:

- Deep Vein Thrombosis (DVT)
- Thrombophlebitis
- Varicose Veins

WOMEN'S HEALTH:

- Adenomyosis
- Uterine Fibroids

MEN'S HEALTH:

- Benign Prostatic Enlargement (BPE)
- Varicocele

MUSCULOSKELETAL:

- Hip Arthritis / Hip Pain
- Knee Arthritis / Knee Pain
- Shoulder Arthritis / Frozen Shoulder
- Vertebral Compression Fracture

GASTROINTESTINAL:

- Hemorrhoids

CONSULTATION FOR PROCEDURES:

- Arteriogram Venogram
- Genicular Artery Embolization (GAE)
- Hemorrhoidal Artery Embolization (HAE)
- Kyphoplasty
- Plantar Fasciitis Embolization (PFE)
- Prostate Artery Embolization (PAE)
- Uterine Artery Embolization (UAE)
- Varicocele Embolization

VASCULAR IMAGING STUDY REQUESTS & CONSULT REQUESTS

ARTERIAL

If Indicated, Arterial Duplex Imaging of Extremities
 Upper Extremity: L or R Lower Extremity: L or R

Select all that apply (at least one required):

- Intermittent Claudication/Arterial Spasms
- Non-Healing Ulcer or Lower Limb Location:

- Thoracic Outlet Syndrome Pain in Limb
- Raynaud's Syndrome Left Right
- Other: _____

DEEP ABDOMINAL

- Renal Arteries Liver Doppler
- HTN Portal HTN
- Celiac & Mesenteric Arteries AAA
- Abdominal Bruit Screening
- Abdominal Pain Abdominal Bruit

Other Symptoms:

- Other: _____

VENOUS

- Venous Insufficiency Study (*Lower Extremities*):
 Left Right Bilateral
- DVT Study: Arm Leg
 Left Right Bilateral

Select all that apply (at least one required):

- Varicose Vein with Ulcer or Inflammation
- Varicose Vein with Other Complications
- Edema Pain in Limb
- Other: _____

CEREBROVASCULAR

- Carotid, Vertebral Doppler

Select all that apply (at least one required):

- Bruit/Weak Pulse Syncope and Collapse
- Other: _____