# DIAGNOSTIC VASCULAR AND INTERVENTIONAL PROCEDURE REQUEST

National Vascular Associates

## PATIENT SCHEDULING

**Providers must fax this referral to (833) 673-0375.**
**A patient representative will contact the patient to schedule once it is received.**

**PHONE: (888) NAT-VASC**
(Dial 888-628-8272)
**FAX: (833) 673-0375**

**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 □ Left □ Right
- □ Raynaud's Syndrome
- □ Other: _____

### DEEP ABDOMINAL

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