DIAGNOSTIC VASCULAR AND INTERVENTIONAL PROCEDURE REQUEST

National Vascular Associates

PATIENT SCHEDULING

Providers must fax this referral to (833) 428-6694.
A patient representative will contact the patient to schedule once it is received.

PHONE: (888) NAT-VASC
(Dial 888-628-8272)
FAX: (833) 428-6694

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 _____