

Needs Immediate Attention!

Date: _____ Number of Pages: _____

- | | | |
|---|---|--|
| <input type="checkbox"/> First Available Physician | <input type="checkbox"/> Philip Hinton, MD, FACS | <input type="checkbox"/> Sammy Siada, DO, FACS, RPVI |
| <input type="checkbox"/> Kamell Eckroth-Bernard, MD, FACS, RPVI | <input type="checkbox"/> Kate Kiely, MD | <input type="checkbox"/> Randall Stern, MD, FACS |
| <input type="checkbox"/> Yan Cho, MD, RPVI | <input type="checkbox"/> Leigh Ann O'Banion, MD, FACS, FSVS, RPVI | |
| <input type="checkbox"/> Leo Fong, MD | <input type="checkbox"/> Anne Prentice, MD, FACS, RPVI | |

Referring Physician: _____

Phone: _____ Fax: _____

PCP (if different from referring): _____

Patient Name: _____ DOB: _____

Patient Home Phone: _____ Patient Cell: _____

Primary Insurance: _____ Secondary Insurance: _____

Patient Symptoms: *(please check all that apply)*

Aneurism/Dissection

- Abdominal Aorta, Size _____
- Thoracic Aorta/Iliac, Size _____
- Peripheral Extremity

Carotid Disease

- Symptomatic
- Asymptomatic

Dialysis Access

Peripheral Artery Disease

- Claudication/Leg pain
- Foot/Leg Discoloration
- Rest Pain
- Gangrene/Wound

Miscellaneous

- Temporal Artery Biopsy
- Thoracic Outlet
- Nutcracker Syndrome
- Barostim Implant
- Other: _____

Venous Disease*

- Phebitis
- Swelling
- Leg Pain
- Spider/Varicose Veins
- Ulcer/Wound/Skin Changes

**For venous referrals we accept most private PPO/HMO insurances and Most Medi-Cal insurances.*

Comments: _____

Thank you very much for referring your patient to our office!