



# EMPIRE VEIN & Vascular Specialists

EmpireVein.com

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## PATIENT REFERRAL FORM

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**REQUEST:**  Diagnostic Testing  Consultation

Clinical Diagnosis/History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Diagnosis Testing

Lower Extremity Arterial Duplex Ultrasound

Aorta / Iliac Arterial Duplex Ultrasound

Lower Extremity Venous Ultrasound

Carotid Arterial Duplex Ultrasound

Other: \_\_\_\_\_

### Consultation

Peripheral Vascular Disease

Carotid Stenosis

Aortic or Other Aneurysm

Establish or Evaluate Dialysis Access

Varicose Veins

GAE/Knee Arthritis

Other: \_\_\_\_\_

### Urgency of Consultation:

ASAP (within 48 hours)  First available

For recent medical records, study results, and insurance cards for consultation, please Fax to the Rancho Mirage, Palm Springs or La Quinta office number listed above.