American Vein & Vascular Institute

Cañon City, CO
Colorado Springs, CO
Highlands Ranch, CO
Parker, CO
Pueblo, CO
Vail Valley, CO
Westminster, CO

American Vein & Vascular Institute
ph 866.594.8145
fax 800.276.7170
americanvein.com

Patient Referral

Please call 866.594.8145 to schedule an appointment or simply fax this document to 800.276.7170 and our Patient Coordination Center will follow up with the patient directly to schedule an appointment.

Date:_____Referring Physician:_____

Patient Name:_____Patient Phone:_____

Date of Birth:_____ Insurance Primary:_____Secondary:_____

Diagnosis/Symptoms (please provide):_____

- ❍ Extremity pain
- ❍ Varicose Veins
- ❍ Swelling/Edema
- ❍ Deep Vein Thrombosis (DVT)
- ❍ Lower extremity skin ulcer
- ❍ Restless Leg Syndrome (RLS)
- ❍ Pain while walking
- ❍ Peripheral Arterial Disease (PAD)
- ❍ Gangrene
- ❍ Extremity cramping
- ❍ CVA/Stroke
- ❍ Bruit
- ❍ Transient Ischemic Attack (TIA)
- ❍ Aneurysm
- ❍ Other:_____

❍ **Evaluate and treat (please send demographics and previous office notes)**

❍ Fit for Compression Stockings

Order:

- ❍ Bilateral lower extremity venous duplex (reflux)
- ❍ Lower extremity venous duplex (DVT)
  - ❍ Left ❍ Right ❍ Bilateral
- ❍ Upper extremity venous duplex (DVT)
  - ❍ Left ❍ Right ❍ Bilateral
- ❍ Vein mapping (upper) (lower)
- ❍ Ankle brachial index (ABI) & PVR
- ❍ Lower extremity arterial (segmental pressures & PVR)
  - ❍ Include toe pressures
  - ❍ Include exercise testing
- ❍ Bypass/graft; type:_____
- ❍ Upper extremity arterial (segmental pressures & PVR)
  - ❍ Include stress testing for cold sensitivity (Raynaud's)
- ❍ Carotid ultrasound
- ❍ Dialysis fistula/graft
- ❍ Abdominal Aorta (AAA)
- ❍ IVC/Iliac Vein Duplex
- ❍ Renal artery duplex
- ❍ Aortic Endograft
- ❍ Mesenteric (celiac/SMA)
- ❍ Other:_____

Routine or STAT:

Call to:_____Second number:_____

The ordering Physician would like a phone call from American Vein & Vascular Institute Provider with results/plan:

❍ Yes ❍ No

Provider Signature:_____ Date:_____