PREFERRED VASCULAR GROUP

NORTHWEST ATLANTA VASCULAR CARE
Improving the Flow of Life

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Interventional Referral Form

For Billing Office Use Only
ICD-10: _____

Date: _____

Requesting Evaluation and Procedure for Date: _____

Patient Name: _____ DOB: _____ Phone No.: _____

Address: _____

Skilled Nursing Facility: ☐ Yes ☐ No Nursing Facility Name: _____ Nursing Facility Phone: _____

Hospice Patient: ☐ Yes ☐ No Hospice Name: _____ Hospice Phone: _____

Person Authorizing Treatment: _____ Authorizing Signature: _____

Position: _____ Phone No.: _____ Fax No.: _____

Fax with Demographics and insurance Information

Peripheral Arterial Disease

☐ **Lower Extremity Angio/ Peripheral Arterial Disease Evaluation/Peripheral Angio**

- ☐ Aneurysm – Iliac
- ☐ Aneurysm–Femoral/Popliteal Artery
- ☐ Atherosclerosis Extrem. w/ claud.
- ☐ Atherosclerosis Extrem w/ Rest Pain
- ☐ Atherosclerosis Extrem. w/ Ulcer
- ☐ Atherosclerosis Extrem. w/Gangrene
- ☐ Embol. &Thrombosis Abd. Aorta
- ☐ Lower Extremity Embolism/Occlusion
- ☐ Upper Extremity Embolism/Occlusion
- ☐ Embolism & Thrombosis of Iliac
- ☐ Bruit
- ☐ Hematoma – Due to Surgery
- ☐ Numbness
- ☐ Pain in Limb
- ☐ Weak Pulse
- ☐ Other: _____

Venous Disease Lower Extremity

- ☐ Consult & Ultrasound Same Day
- ☐ Consultation Only
- ☐ Ultrasound Varicose/Spider/Venous Ulcer
- ☐ Ultrasound - DVT (Deep Vein Thrombosis)
- ☐ Cellulitis of Leg
- ☐ Chest Pain
- ☐ Deep Vein Thrombosis
- ☐ Dialysis Access Planning
- ☐ Focal Superf Swelling, Mass or Lump
- ☐ Pain in Limb
- ☐ Phlebitis and Thrombophlebitis
- ☐ Pulmonary Embolism
- ☐ Pre-operative Exam
- ☐ Shortness of Breath
- ☐ Swelling of Limb
- ☐ Ulcer-Lower Extremity
- ☐ Varicose Vein of LE with Inflammation
- ☐ Varicose Veins LE with Ulcer
- ☐ Varicose Vein with Complications
- ☐ Venous Insufficiency, Unspecified
- ☐ Other: _____

Chemo Port/Plasmapheresis Catheter

- ☐ Arm Port Placement - Left
- ☐ Arm Port Placement - Right
- ☐ Chest Port Placement - Left
- ☐ Chest Port Placement - Right
- ☐ Port Check
- ☐ Port Removal
- ☐ Tunneled Catheter Removal
- ☐ Other: _____

Renal Angio (Renal Artery Stenosis)

- ☐ Right/Left/Bi Renal Angiography/ Angioplasty/Stent
- ☐ Renal Artery Aneurysm
- ☐ Renal Artery Stenosis
- ☐ Renovascular Hypertension (HTN)
- ☐ Other: _____

IVC Filter

- ☐ IVC Filter Placement
- ☐ IVC Filter Removal
- ☐ Other: _____

Additional Atlanta Area Locations:

Northeast Atlanta Vascular Care
One Dunwoody Park, Suite 140
Atlanta, GA 30338
P: 404.554.2080
F: 404.554.8021

Southeast Atlanta Vascular Care
5461 Hillandale Drive, Suite 210
Lithonia, GA 30058
P: 770.981.8477
F: 770.981.8908

Southwest Atlanta Vascular Care
3885 Princeton Lakes Way SW, Suite 314
Atlanta, GA 30331
P: 404.349.7770
F: 404.349.7778