Anwar Gerges, M.D.

REFERRAL FORM

Today's Date: _____ Requested Procedure Date: _____

Patient Name: _____ DOB_____ Telephone: _____

Street Address: _____

City: _____ State:_____ Zip code:_____

Access Type:
- ❑ AV Graft
- ❑AV Fistula
- ❑ Other

Location:
- ❑Right
- ❑Left
- ❑Forearm
- ❑Upper arm
- ❑Other_____

Indication:
- ❑Clotted Access
- ❑Prolonged Bleeding
- ❑Infiltration
- ❑Difficult Cannulation
- ❑High Venous Pressures
- ❑Transonic Monitoring
- ❑Low Access Flow Rate
- ❑Recirculation
- ❑Aneurysm
- ❑Swollen Extremity
- ❑Non-maturing AVF
- ❑Steal Syndrome

Desired Procedure
- ❑ Thrombectomy (declot)
- ❑ Fistulogram/Graftogram
- ❑ Collateral vein ligation
- ❑ I.V. Vein Mapping
- ❑ Other

Catheter procedure
- ❑ Tunneled
- ❑ Non- Tunneled
- ❑ Medi-Port Placement

Location:
- ❑ Right
- ❑ Left

Indication:
- ❑ Clotted Catheter
- ❑ Poor Function
- ❑ Infection
- ❑ Broken Catheter
- ❑ No Longer Required
- ❑ Exchange Temporary

Desired Procedure
- ❑ Declot
- ❑ Fistulogram/Graftogram
- ❑ Collateral vein ligation
- ❑ I.V. Vein Mapping
- ❑ Other

Power PICC line
- ❑Diagnosis:_____
- ❑Placement
- ❑Removal

- ❑ TPN
- ❑ Antibiotics

Referring Physician: _____ Phone_____

Please fax the following :

New Patient:
__ Referral Form __ Demographics
__ H&P __ Medication List __ Physician Order

Current Patient:
__ Referral Form __ Physician Order
__ Updated Medication List

Dialysis Center:
Referred Center _____ Phone: _____ Fax: _____
Nephrologists': _____
Referred by (print and title) _____ Initials: _____

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6300 REGIONAL PLAZA, STE. 475, ABILENE, TX 79606
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Phone (210) 481-9544 Fax (210) 481-9545