



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

- Declot
- Fistulagram/Graftogram
- Collateral Vein Ligation
- I.V. Vein Mapping
- Other

Catheter procedure

- Tunneled
- Non- Tunneled

Location:

- Right
- Left

Indication:

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

Desired Procedure

- Declot
- Fistulagram/Graftogram
- Collateral Vein Ligation
- I.V. Vein Mapping
- Other

Referring Physician: _____ Phone: _____

Please fax the following :

New Patient:		Current Patient:
<input type="checkbox"/> Referral Form	<input type="checkbox"/> Demographics	<input type="checkbox"/> Referral Form
<input type="checkbox"/> H&P	<input type="checkbox"/> Medication List	<input type="checkbox"/> Updated Medication List

Dialysis Center:

Referred Center: _____ Phone: _____ Fax: _____

Nephrologist: _____

Referred by (print and title): _____ Initials: _____

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