



**Peripheral Artery Disease
& Venous Insufficiency
REFERRAL FORM**

Today's Date: _____ Requested Procedure Date: _____
Patient Name: _____ DOB _____ Telephone: _____
Street Address: _____
City: _____ State: _____ Zip code: _____

Desired Procedure:

- ABI (Ankle-brachial Index) or PAD net
- Abnormal ABI or PAD net
- Arterial Doppler's of Lower Extremity
- Carotid Artery Doppler's
- Peripheral Vascular Disease Evaluation and Management
- Wound/ Ulcer of Extremities, Evaluation and Management of Arterial and/or Venous Disease
- DVT Rule Out and Management
- Powerline Placement, Revision and Removal
- Port-a-cath Placement, Revision and Removal

Common Diagnoses:

- Wound / Ulcer of Extremity
- DVT
- Leg Swelling or Extremity Swelling / Edema
- Varicose or Spider Veins
- Intermittent Claudication
- Leg Pain
- Headache / Migraine
- Dizziness
- Other _____

Referring Physician: _____ Date: _____ Phone _____

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