

- Alexander Salloum, MD
- Joseph Chammas, MD
- Mirka Radman, FNP



- Enrique Moreno, MD
- Stefan Moldovan, MD
- Sergio Casillas, MD
- Alyssa Baker, ACNP

## Vascular Surgery Referral Form

URGENT

ROUTINE

<input type="checkbox"/> <b><u>Chula Vista Office</u></b>	<input type="checkbox"/> <b><u>San Diego Office</u></b>	<input type="checkbox"/> <b><u>Escondido Office</u></b>	<input type="checkbox"/> <b><u>El Centro</u></b>
1111 Broadway Suite 305 Chula Vista, CA 91911 P: (619) 567-7007	6719 Alvarado Rd Suite 303 San Diego, CA 92120 P: (619) 500-7699	1045 E. Pennsylvania Ave Escondido, CA 92025 P: (760) 884-4500	22205 Ross Ave El Centro, CA 92443 P: (760) 406-4402

### **Patient Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Patient Insurance Information**

Primary Insurance: \_\_\_\_\_ Authorization #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

### **Reason For Consultation:** (No ultrasounds needed for referral)

(Please check all that apply)

<input type="checkbox"/> Leg Pain	<input type="checkbox"/> Peripheral Arterial Disease	<input type="checkbox"/> Dialysis Access/ Peritoneal Dialysis Catheter
<input type="checkbox"/> Leg Swelling, Discoloration	<input type="checkbox"/> Aortic Aneurysm	<input type="checkbox"/> Midline Placement/PICC Placement
<input type="checkbox"/> Non-Healing Wound	<input type="checkbox"/> Carotid Artery Disease	<input type="checkbox"/> Port-A-Cath Placement
<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Wound Care	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Venous Ulcer/Disease	<input type="checkbox"/> DVT Assessment & Treatment	

### **Referring Physician Information**

Physician/Practice Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### **Dialysis Center**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please fax referral form including: demographics, Insurance information, clinical notes and imaging studies if applicable

**Fax To: (619) 567-7775**

[www.ssvascular.com](http://www.ssvascular.com)