- Alexander Salloum, MD
- Joseph Chammas, MD
- Mirka Radman, FNP
- Alyssa Baker, ACNP

SS Vascular
SURGERY & ENDOVASCULAR THERAPY

- Enrique Moreno, MD
- Stefan Moldovan, MD
- Sergio Casillas, MD
- Peri Tresslar, FNP

Vascular Surgery Referral Form

☐ URGENT ☐ ROUTINE

☐ Chula Vista Office	☐ San Diego Office	☐ Escondido Office	☐ Imperial Office
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	2433 Marshall Ave, Suite 1, Imperial, CA 92251 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)

☐ Leg Pain	☐ Peripheral Arterial Disease	☐ Dialysis Access/ Peritoneal Dialysis Catheter
☐ Leg Swelling, Discoloration	☐ Aortic Aneurysm	☐ Midline Placement/PICC Placement
☐ Non-Healing Wound	☐ Carotid Artery Disease	☐ Port-A-Cath Placement
☐ Varicose Veins	☐ Wound Care	☐ Other: _____
☐ Venous Ulcer/Disease	☐ 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