VASCULAR & INTERVENTIONAL SPECIALISTS

345 W. STEAMBOAT DR., SUITE 601
Dakota Dunes, SD 57049
Phone: (605) 217-5617 Fax: (605) 217-5533

PLEASE CIRCLE: ASAP First Available

Patient Name: Date of Birth:

Address:
Home phone: Work Phone: Cell Phone:
Insurance:
(Please send copy of Insurance card)
Referring Physician: Contact Person:
Phone: Fax:

**** PLEASE SELECT REASON FOR VISIT ****

	Peripheral Arterial Disease		Swelling, Lower Extremity
	Peripheral Vascular Disease		Swelling, Upper Extremity
	AAA		Fistula Creation
	Carotid Artery Stenosis		Hyperhydrosis
	Venous Insufficiency		Varicose Veins
	DVT/PE		Non-Healing Wounds
	Mesenteric Stenosis		Renal Stenosis

NOTES AND STUDIES TO SEND WITH VASCULAR REFERRAL

- Referring note
- Updated Med List
- COPY of insurance cards
- CT or MRI's related to the appointment (abdomen, pelvis, with or without runoff) within the last year
- CTA or MRA of neck – within the last year
- ABI (Ankle Brachial Index) - within the last 6 months

VASCULAR & INTERVENTIONAL SPECIALISTS

345 W. STEAMBOAT DR., SUITE 601
Dakota Dunes, SD 57049
Phone: (605) 217-5617 Fax: (605) 217-5533

- Angiogram (post-op reports- renal, peripheral, carotid) – within the last year
- Ultrasounds or Doppler Studies -carotid artery, arterial duplex of any extremities, abdominal, venous (for DVT or insufficiency studies) - within the last 6 months

SCHEDULED DATE AND TIME: _____