Expert Vascular Care of Columbus

3100 Plaza Properties Blvd, Suite 320
Columbus OH, 43219
Phone 614-618-9942 // Fax 877-599-6389
www.ExpertVascularCare.com

Patient Referral / Appointment Request:

Patient Name: _____
Patient DOB: _____
Patient Phone Number: _____
Patient Insurance: _____
Referring Physician: _____
Referring Physician Signature: _____

Patient Symptoms (Please check all that apply):

( ) Weak Extremity Pulse
( ) Slow healing wound or ulcer on foot
( ) Slow healing wound or ulcer on leg
( ) Swelling of legs and/or feet
( ) Blue or black color of skin tissue of foot
( ) Blue or black color of skin tissue of leg
( ) Pain in legs or feet when at rest or in motion
( ) Varicose / Spider Veins
( ) Vascular Clearance for surgery
( ) Dialysis Access Maintenance
( ) Diabetic Neuropathy Pain

( ) Uterine Fibroids
( ) Hemorrhoids (Internal)
( ) Other (please describe)_____
( ) Compression Fracture
( ) Varicoceles

Please provide demographics, recent consultation notes and images, if possible.

Ultrasound Request at Expert Ultrasound Services:

( ) Arterial Ultrasound
( ) Venous Ultrasound
( ) Other (please describe)_____
( ) Ankle Brachial Index (ABI)
( ) Carotid Ultrasound

This is an official request for treatment.
Please fax sheet to: (877)-599-6389