

**1-844-MVS-OFFICE** (1-844-687-6334)  
**www.mvsdoctors.com**

**Vascular & Endovascular Surgery**

Date: \_\_\_\_\_

I am referring \_\_\_\_\_ to your office for **VASCULAR / WOUND** (circle one)  
(Name of Patient)  **CONSULT** and/or  **TESTING**

Patient DOB \_\_\_\_\_ Patient Phone # \_\_\_\_\_

**Please attach patient's demographics, insurance information, and most recent office note.**

**(Please check each test requested and all the reasons that apply for each test.)**

**ARTERIAL EVALUATIONS:**

**LOWER EXTREMITY\***

Physiologic Testing (ABI's and/or TBI's, treadmill  
Duplex: Aortoiliac & femoropopliteal prn

If applicable:  Bypass Graft  Stent

Specify location: \_\_\_\_\_

Reason:

- Claudication  Decreased Pulses
- Leg Ulcer  Rest Pain  Gangrene
- Digital Cyanosis (Raynaud or Buerger)

**CAROTID DUPLEX ULTRASOUND**

- Bruit  Amaurosis Fugax  TIA  CVA

**UPPER ARTERIAL EVALUATION**

- Subclavian Steal Syndrome  Thoracic Outlet Syndrome
- Digital Cyanosis (Raynaud or Buerger)  Claudication

**ABDOMINAL AORTIC DUPLEX**

- R/O AAA

**MESENTERIC ARTERY DUPLEX**

- R/O Mesenteric Ischemia

**RENAL ARTERY DUPLEX**

- Uncontrolled HTN / R/O Renal Artery Stenosis

**DIALYSIS VASCULAR ACCESS SITE EVALUATIONS:**

- Dialysis Access Site Evaluation

Pre-op Dialysis Access Site

Specify:  Right  Left

**VENOUS EVALUATIONS:**

**VENOUS DUPLEX (UPPER OR LOWER EXTREMITY)**

- Acute Edema - R/O DVT (STAT)
- Chronic Edema - Venous Insufficiency  
Reflux / Varicose Veins R, L, Bilateral

**SPECIALIZED VENOUS EVALUATIONS:**

**PELVIC CONGESTION SYNDROME (NEW EXAM)\***

Duplex of the Iliocaval, Ovarian veins and Left Renal Vein  
8 hrs fasting; OTC anti-gas medication recommended

**VEIN MAPPING DUPLEX**

**ILOCAVAL DUPLEX (MAY-THURNER SYNDROME)**

Specify:  Right  Left  Upper  Lower

**OTHER**

Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: We will fax a copy of the results upon transcription to:

Name of Referring Dr. / Office: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Doctor's Signature**

**Doctor's Name** (please print)

**See back for location information**

*Thank you for your referral. We appreciate being a part of your patient's care team.*



Green denotes Outpatient Centers

\*Map not to scale

## MVS Locations (Please check one)

Hours 8:30 a.m. to 4:30 p.m.

### Outpatient Centers & Vascular Labs

- 1212 York Road, Suite B201 • Lutherville, MD 21093 • 410.825.4530 • Fax 410.825.3787
- 1811 Crain Highway S., Suite C • Glen Burnie, MD 21061 • 443.761.6630 • Fax 410.768.1571
- 5233 King Avenue, Suite 104 • Rosedale, MD 21237 • 443.921.4800 • Fax 410.970.6042
- 11110 Medical Campus Road, Suite 125 (Green Entrance) • Hagerstown, MD 21742 • 301.714.4335 • Fax 301.714.4332

### Offices & Vascular Labs

- 3401 Box Hill Corporate Center Drive, Suite 204 • Abingdon, MD 21009 • 410.836.8667 • Fax 410.836.8996
- 540 E. Belvedere Avenue, Suite 204 • Baltimore, MD 21212 • 443.449.6413 • Fax: 443.873.8313
- 10700 Charter Drive, Suite 335 • Columbia, MD 21044 • 443.276.3101 • Fax 443.367.2442
- 1124 Mace Avenue • Essex, MD 21221 • 410.391.9855 • Fax 410.391.9895
- 3623 Falls Road • Baltimore, MD 21211 • 410.235.8129 • Fax 410.235.8159
- 1500 Blenheim Farm Lane, Suite C • Havre de Grace, MD 21078 • 410.942.4100 • Fax 410.942.4023
- 14201 Laurel Park Drive, Suite 214 • Laurel, MD 20707 • 240.294.1808 • Fax 240.387.6964
- 1838 Greene Tree Road, Suite 325 • Pikesville, MD 21208 • 410.602.0777 • Fax 410.602.2966
- 826 Washington Road, Suite 203 • Westminister, MD 21157 • 410.848.7030 • Fax 410.848.0173
- 250 Fame Avenue, Building A, Suite 204 • Hanover, PA 17331 • 717.316.0900 • Fax 717.630.9096
- 2350 Freedom Way, Suite 253 (Courtyard Entrance) • York, PA 17402 • 717.781.8420 • Fax 717.741.1939