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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: _____

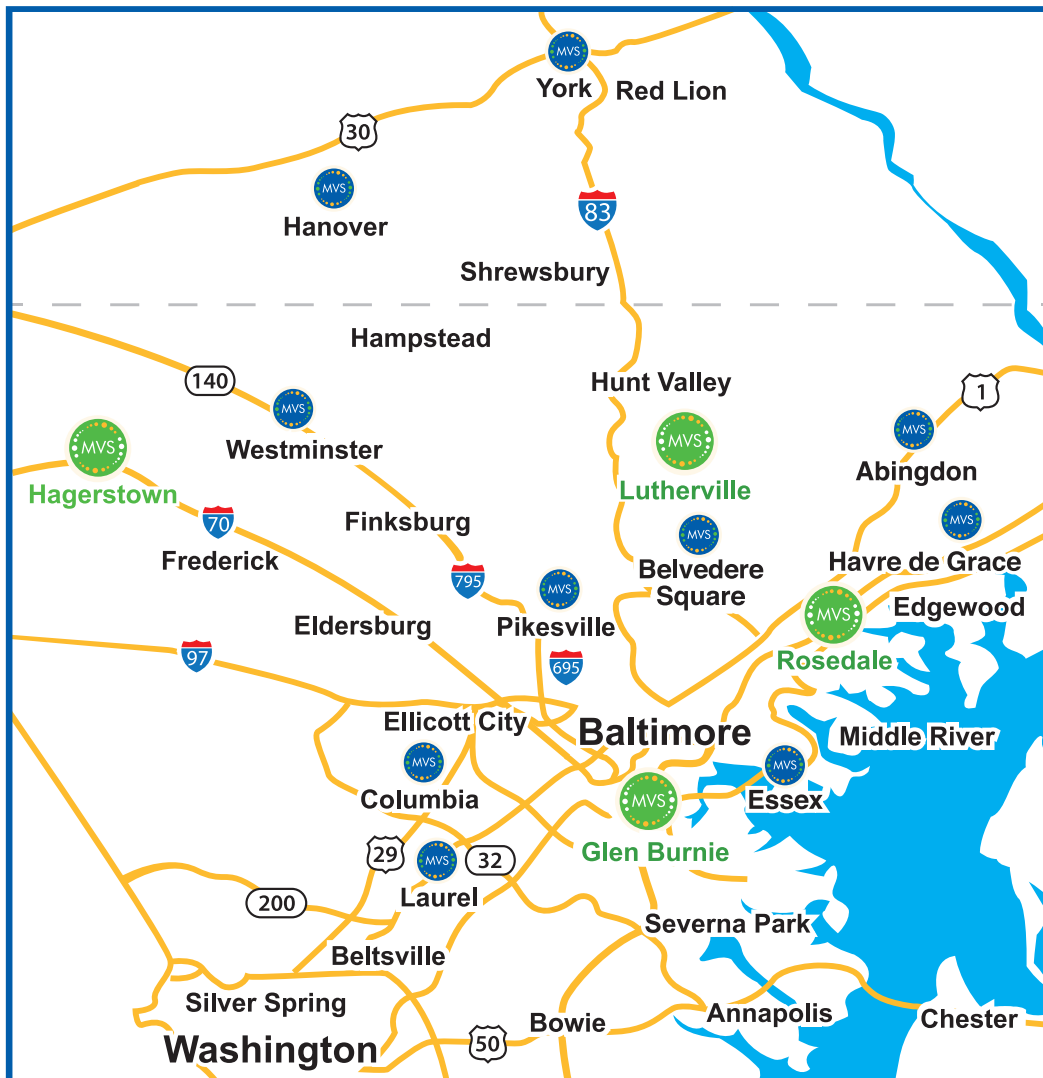
Email: _____

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
- 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