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Vascular & Endovascular Surgery

Date: _____

I am referring _____ to your office for **VASCULAR / WOUND** (circle one)
(Name of Patient)

CONSULT and **TESTING** **TESTING ONLY**

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 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
 Aorto-iliac Stenosis
- 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)
Specify: Right Left
- Acute Edema - R/O DVT (**STAT**)
- Chronic Edema - Venous Insufficiency
Reflux / Varicose Veins

SPECIALIZED VENOUS EVALUATIONS:

- PELVIC CONGESTION SYNDROME
Duplex of the Iliocaval, Ovarian veins and Left Renal Vein
8 hrs fasting; OTC anti-gas medication recommended
- ILIOCAVAL DUPLEX (MAY-THURNER SYNDROME)
- VEIN MAPPING DUPLEX
Specify: Right Left Upper Lower

OTHER

Reason: _____
Comments: _____

Note: We will send a copy of the results to:

Name of Referring Provider/Office: _____

Office Telephone Number: _____
Office Fax Number: _____

After-Hours Contact Number for STAT Results:

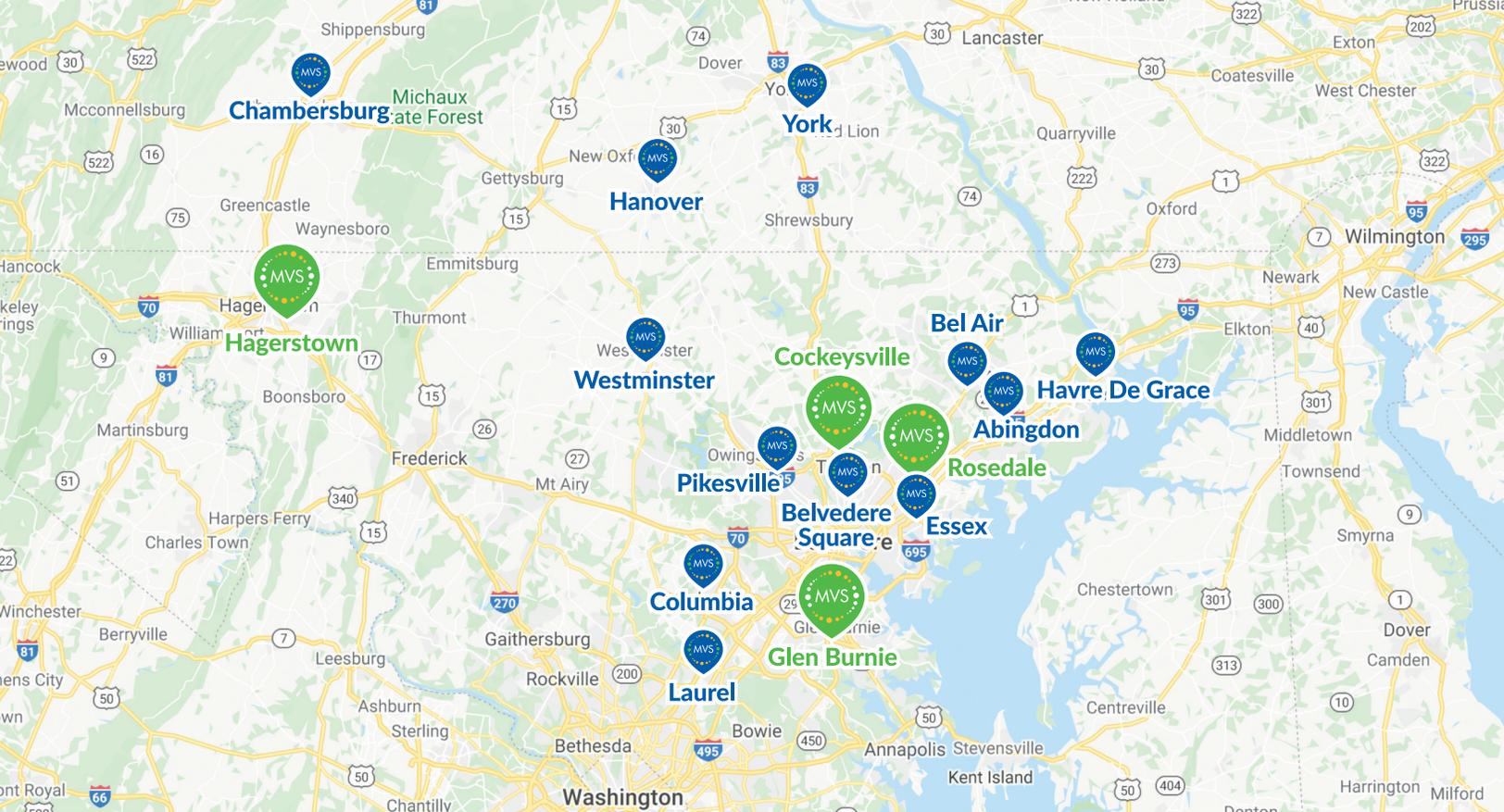
Doctor's Signature

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!

Interested in sending referrals electronically? Contact Tracy Eaton via email at teaton@mvsdoctors.com for more information.



MVS LOCATIONS

(Please Check One)

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

OUTPATIENT CENTERS & VASCULAR LABS

- 110 Old Padonia Road, Suite 101 • **Cockeysville**, MD 21030 • 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
- 510 Upper Chesapeake Drive, Suite 517 • **Bel Air**, MD 21014 • 410.420.4355 • Fax: 410.420.4366
- 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
- 535 Old Westminister Pike, Suite 105 • **Westminister**, MD 21157 • 410.848.7030 • Fax 410.848.0173
- 121 Chambers Hill Drive • **Chambersburg**, PA 17201 • 717.446.8908 • Fax 717.446.8909
- 250 Fame Avenue, Building A, Suite 204 • **Hanover**, PA 17331 • 717.316.0900 • Fax 717.630.9096
- 2350 Freedom Way, Suite 100 • **York**, PA 17402 • 717.781.8420 • Fax 717.741.1939