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| ☐ Joe Johnson, M.D. Cardio Thoracic, Vascular   |  | <ul><li>David Hardy, M.D. Vascular, Endovascular</li><li>First Available</li></ul>   |   |  |
|---|--|--|---|--|
| <ul><li>Randall Brown, M.D. Cardio Thoracic, Vascular</li><li>Patient Name:</li></ul>   |  |  |   |  |
| Patient Name:   |  | DOB:   |   |  |
| Reason for Referral:  |  |  |   |  |
| Patient Address:  |  |  |   |  |
| State:Zip:  | Zip: Phone #: Alt #:   |  |   |  |
| Referring Physician: Phone #:   |  |  |   |  |
| Contact Person:   |  | Fax #:_  | Fax #:  |  |
| <ul> <li>Most recent Office Notes/H&amp;P</li> <li>CT/CXR/PET reports and CD's and/or Films</li> <li>ALL PFT/Ultrasound/Doppler Reports</li> <li>Echo/Cath report and CD's</li> </ul> |  | <ul> <li>Operative Reports/Procedures</li> <li>Most recent DC summary</li> <li>Insurance Information</li> <li>List of current Medications and Doctors</li> </ul> |   |  |
| Vascular Ultrasound Lab   |  |  |   |  |
| <ul> <li>□ Arterial Leg Study w/ Pressures</li> <li>□ Lower Extremity Venous        LtRtBil</li> <li>□ Upper Extremity Venous        LtRtBil</li> </ul>                               | ☐ Upper Arterial ☐ AAA Studies ☐ Carotid Ultrasou ☐ LtRtBil ☐ Renal Artery Ult ☐ LtRtBil |  | Pre-Op Dialysis Access (Vein Mapping) Groin Ultrasound Mesenteric Ultrasound Other: |  |
| Ordering Physician's Signature: _   |  |  |   |  |

Thank you for allowing us to serve your patient! We will contact the patient to schedule their appointment.