CardioVascular Institute

2409 N. Patterson Street, Suite 230
Valdosta, Georgia 31602
Phone: (229)259-4369
Fax: (229)259-4370
www.sgmc.org/cvi

- ☐ Randall Brown, M.D. Cardio Thoracic, Vascular
- ☐ Joe Johnson, M.D. Cardio Thoracic, Vascular
- ☐ Maurice Solis, M.D. Vascular, Endovascular
- ☐ First Available

Patient Name: _____DOB:_____

Reason for Referral: _____

Address: _____City:_____

State: _____Zip: _____Phone #:_____Alt:_____

Referring Physician: _____ Phone#:_____

Contact Person: _____Fax #:_____

In order to schedule your patient, please fax the following documents to (229)259-4370

- Insurance Information
- Most recent Office Visit/H&P
- **CT/CXR/PET** reports **and CD's** and/or films
- **ALL** Ultrasound /Doppler Reports
- Echo/Cath report **and CD**
- Operative notes/Procedures
- Most recent DC summary

Vascular Ultrasound Lab

- ☐ Arterial Leg Study w/pressures
- ☐ Lower Extremity Venous
- ☐ Upper Extremity Venous
- ☐ Upper Arterial
- ☐ Carotid Ultrasound
- ☐ AAA Studies
- ☐ Renal Artery Ultrasound
- ☐ Pre-Op Dialysis Access (vein mapping)
- ☐ Groin Ultrasound
- ☐ Mesenteric Ultrasound
- ☐ Other: _____

Ordering Physician Signature: _____

Thank you for allowing us to serve your patient! We will contact the patient and confirm via fax.

Office Use Only

Patient appointment date: _____ **Date received:** _____
Time: _____ **Information not received:** _____
Physician: _____ _____