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Phone: (229) 433-6599 | Fax: (229) 433-6621

Randall Brown, MD, Cardiothoracic Surgery | Luke Seibolt, MD, Interventional Cardiology

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) 433-6621.

- 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

- | | | |
|---|--|--|
| <input type="checkbox"/> Arterial Leg Study w/pressures | <input type="checkbox"/> AAA Studies | <input type="checkbox"/> Upper Arterial |
| <input type="checkbox"/> Lower Extremity Venous | <input type="checkbox"/> Renal Artery Ultrasound | <input type="checkbox"/> Pre-Op Dialysis Access (vein mapping) |
| <input type="checkbox"/> Upper Extremity Venous | <input type="checkbox"/> Groin Ultrasound | |
| <input type="checkbox"/> Carotid Ultrasound | <input type="checkbox"/> Mesenteric Ultrasound | |
| | <input type="checkbox"/> 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: _____