



Arterial · Revascularization · Therapies

- Peripheral Artery Disease
- Venous Disease

- Interventional Oncology
- Dialysis Access Management

Please fax to (626) 270-4328 : completed form, H&P, patient insurance card(s) & medication list

PATIENT REFERRAL FORM

PATIENT NAME: _____ DOB: _____

PHONE: _____ PCP: _____

PATIENT INSURANCE INFORMATION:

PRIMARY: _____ ID#: _____ GROUP: _____

REFERRAL REASON

CATHETERS:

- Tunneled dialysis catheter insertion (Permacath)
- Removal of tunneled dialysis catheter
- Port-a-Cath Insertion
- Tunneled dialysis catheter exchange/replacement
- Picc Line Insertion
- Port-a-Cath Removal

DIALYSIS CIRCUIT:

- Fistulogram(native) w/ interventions (incl. angioplasty/stent)
- Thrombectomy declot (native) w/ intervention
- Dialysis circuit vascular embolization or occlusion
- Fistulogram(graft) w/ interventions (incl. angioplasty/stent)
- Thrombectomy declot (graft) with intervention

LOWER EXTREMITY ARTERIAL (PERIPHERAL ARTERIAL DISEASE):

- Diagnostic lower extremity angiogram with interventions (including atherectomy, angioplasty, and/or stent)

LOWER EXTREMITY VENOUS:

- Varicose vein ablation - Radiofrequency or Laser; Clarivein

OTHER ARTERIAL AND VENOUS :

- Renal artery angiogram, angioplasty, and stent placement
- Varicocele embolization
- Uterine artery embolization for fibroids

BIOPSY:

- Liver Biopsy
- Thyroid Biopsy

OTHER PROCEDURES:

- Paracentesis
- Thoracentesis
- Musculoskeletal joint injection

CLINICAL INFORMATION / DIAGNOSIS (Required):

REFERRING PHYSICIAN : _____ PHONE: _____

PHYSICIAN SIGNATURE: _____ FAX: _____

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