

## **Vascular Surgery**

1247 E. Alluvial Avenue, Suite 101 Fresno, CA 93720 559.431.6226 Office

EDITED FAC

## 833.973.6005 Referral Fax

inspirehealth.org

| Needs immediate Attention!   |   | IAC  |
|--|---|--|
| Date:  | Number of Pages:  | CELEBRATING 30 YEARS OF QUALITY PATIENT CARE       |
| ☐ First Available Physician  |   | COLAR TEST   |
| ☐ Kamell Eckroth-Bernard, MD, FACS, RPVI   | ☐ Kate Kiely, MD, RPVI  | ☐ Sammy Siada, DO, FACS, RPVI                      |
| ☐ Yan Cho, MD, RPVI  | ☐ Leigh Ann O'Banion, MD, FACS, FSVS, RPV   | <sup>1</sup> □ Randall Stern, MD, FACS             |
| ☐ Philip Hinton, MD, FACS  | ☐ Anne Prentice, MD, FACS, RPVI   |  |
| Referring Physician:   |   |  |
| Phone:   | Fax:  |  |
| PCP (if different from referring):   |   |  |
|  | DOB:  |  |
|  | Patient Cell:   |  |
| Primary Insurance:   | Secondary Insurance:  |  |
| Aneurysm/Dissection  ☐ Abdominal Aorta, Size ☐ Thoracic Aorta/Iliac, Size ☐ Peripheral Extremity | Peripheral Artery Disease  ☐ Claudication/Leg pain ☐ Foot/Leg Discoloration ☐ Rest Pain | Venous Disease*  ☐ Phlebitis ☐ Swelling ☐ Leg Pain |
| Lit enpheral Extremity   | ☐ Gangrene/Wound  | ☐ Spider/Varicose Veins                            |
| Carotid Disease  |   | ☐ Ulcer/Wound/Skin Changes                         |
| ☐ Symptomatic  | Miscellaneous   |  |
| ☐ Asymptomatic   | ☐ Temporal Artery Biopsy  | *For venous referrals we accept                    |
|  | ☐ Thoracic Outlet   | most private PPO/HMO                               |
| ☐ Dialysis Access  | <ul><li>□ Nutcracker Syndrome</li><li>□ Barostim Implant</li><li>□ Other:</li></ul>     | insurances and Most Medi-Cal insurances.           |
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| 'ammanta   |   |  |
| Comments:  |   |  |