

FAX REFERRAL REQUEST



Vascular Surgery

1247 E. Alluvial Avenue, Suite 101

Fresno, CA 93720

559.431.6226 Office

833.973.6005 Referral Fax

inspirehealth.org

☐ Needs Immediate Attention!

Date: _____ Number of Pages: _____



☐ First Available Physician

☐ Kamell Eckroth-Bernard, MD, FACS, RPVI

☐ Yan Cho, MD, RPVI

☐ Philip Hinton, MD, FACS

☐ Kate Kiely, MD, RPVI

☐ Yanyu "Becky" Long, MD

☐ Leigh Ann O'Banion, MD, FACS, FSVS, RPVI

☐ Anne Prentice, MD, FACS, RPVI

☐ Sammy Siada, DO, FACS, RPVI

☐ Randall Stern, MD, FACS

Referring Physician: _____

Phone: _____ Fax: _____

PCP (if different from referring): _____

Patient Name: _____ DOB: _____

Patient Home Phone: _____ Patient Cell: _____

Primary Insurance: _____ Secondary Insurance: _____

Patient Symptoms: *(please check all that apply)*

Aneurysm/Dissection

☐ Abdominal Aorta, Size _____

☐ Thoracic Aorta/Iliac, Size _____

☐ Peripheral Extremity

Miscellaneous

☐ Dialysis Access

☐ Temporal Artery Biopsy

☐ Thoracic Outlet

☐ Barostim Implant

☐ Other: _____

Carotid Disease

☐ Symptomatic

☐ Asymptomatic

Peripheral Artery Disease

☐ Claudication/Leg pain

☐ Foot/Leg Discoloration

☐ Rest Pain

☐ Gangrene/Wound

Venous Disease*

☐ Phlebitis

☐ Swelling

☐ Leg Pain

☐ Spider/Varicose Veins

☐ Ulcer/Wound/Skin Changes

**For venous referrals we accept most private PPO/HMO insurances and Most Medi-Cal insurances.*

Comments: _____

Thank you very much for referring your patient to our office!