

Referral Form



Vascular Solutions of North Carolina

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Phone: 919-897-5999

Satellite locations available in Raleigh, Clayton, Roxboro, and Erwin by request

Fax this form to **919-897-5980** along with:

- Face Sheet
- Copies of Insurance Cards
- Medication List/Labs
- Referring Doctors Name & NPI

Patient Demographics: (If patient resides in a nursing home, check this box and use that address below)

Name: _____	Date of Birth: ____ / ____ / ____
Address: _____	Phone Number: (____) _____ - _____
State: _____	Insurance Carrier: _____
Zip: _____	ICD 10 Codes: _____

PAD Evaluation Venous Evaluation
Other _____

Indication: ____ Right ____ Left ____ Bilateral

____ Abnormal ABI	____ Claudication
____ Non-Healing Wounds	____ Varicose Vein Pain
____ Swollen Extremity/Edema	____ Foot Ulcer
____ Gangrenous Toe(s)	____ Other : _____

If your patient is interested in one of our satellite locations, please indicate below:

____ Raleigh ____ Clayton ____ Roxboro ____ Erwin

Physicians Signature: _____

Date: ____ / ____ / ____