

REFERRAL FORM



Vascular Solutions of North Carolina

1000 Crescent Green Suite 102, Cary NC 27518

Phone 919-897-5999

Office Visits Available in Cary, Raleigh,
Henderson and Roxboro by request

All imaging and procedures at Cary location

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Fax: 919-897-5980

Please Include the following with Fax:

- | | |
|------------------------|-----------------------------|
| • Most Recent H&P | • Copies of Insurance Cards |
| • Face Sheet | • Referring Provider |
| • Medication List/Labs | Name, NPI, Phone |
| • Imaging Reports | and Fax |

Patient Information (if residence is a nursing home please check here and use that address)

| | |
|-----------------|-----------------------|
| Name: | DOB: |
| Address: | Patient Phone: |
| State: | Insurance: |
| Zip: | ICD 10 Codes: |

PAD Evaluation

Venous Evaluation

Other _____

Indication(s):

Abnormal ABI

Claudication

Right Left Both

Varicose Veins

Pain

Non-Healing Wounds

Other _____

Swollen Extremity/Edema

Foot Ulcer

Gangrenous Toe(s)

Preferred Clinic Location: (all imaging and procedures are completed at the Cary location)

_____ Cary

_____ Roxboro

_____ Raleigh

_____ Henderson

Referring Provider: _____

Provider Signature: _____

Date: _____