



Referral for vascular evaluation

1. Patient Name _____

2. Patient contact information _____

3. Referring Doctor _____

4. Office phone number _____

5. Reason for referral _____

6. Surgery date (if applicable) _____

7. Dialysis patient? _____

8. Please fax most recent H & P or office note, medication list, labs

Naadi office phone number: 405-608-8884

fax number: 405-300-0743

**Thank you for the opportunity to participate
in your patient's health care.**