

General - Abdominal - Breast - Oncologic - Bariatric - Vein - Wound Care

STAT REFERRAL? YES NO

* Please call (910) 763-7363 for **URGENT** referrals (same day appointments, DVTs)*

CONSULT FOR: _____

DIAGNOSIS/ICD10 CODE: _____

PATIENT NAME _____ MALE FEMALE
 DOB _____ SSN _____
 ADDRESS _____
 HOME PHONE _____ CELL PHONE _____
 PRIMARY INSURANCE _____ SECONDARY INSURANCE _____

With this form please fax: Insurance Cards/Medical Records/Imaging Studies

Ultrasound LAB ONLY APPOINTMENTS (Mark Tests Ordered)

- | | |
|---|--|
| <input type="checkbox"/> L/E Venous (leg swelling, pain, cellulitis, varicose veins) | <input type="checkbox"/> Carotid (TIA, aphasia, amaurosis, stroke) |
| <input type="checkbox"/> U/E Venous (arm swelling, cellulitis) | <input type="checkbox"/> Aorta (NPO after midnight) |
| <input type="checkbox"/> L/E Arterial (claudication, arterial ulcer, rest pain) | <input type="checkbox"/> Renal Artery (24hr. clear liquid diet/NPO after
Midnight day of) |
| <input type="checkbox"/> U/E Arterial (arm claudication, ulcer) | <input type="checkbox"/> Mesenteric (24 hr. clear liquid diet/NPO after
Midnight day of) |
| <input type="checkbox"/> Health Screening Assessment (carotid, aorta, & arterial)
\$110 for all three or \$40 each | |

REFERRING MD _____ OFFICE PHONE _____ FAX _____

Bebb – Harris – Marcinkowski – Medley – Versnick – Weinberg

1414 Medical Center Drive Wilmington, NC 28401