

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)

___ L/E Venous (leg swelling, pain, cellulitis, varicose veins)

___ U/E Venous (arm swelling, cellulitis)

___ L/E Arterial (claudication, arterial ulcer, rest pain)

___ U/E Arterial (arm claudication, ulcer)

___ Health Screening Assessment (carotid, aorta, & arterial)

\$110 for all three or \$40 each

___ Carotid (TIA, aphasia, amaurosis, stroke)

___ Aorta (NPO after midnight)

___ Renal Artery (24hr. clear liquid diet/NPO after
Midnight day of)

___ Mesenteric (24 hr. clear liquid diet/NPO after
Midnight day of)

REFERRING MD _____ OFFICE PHONE _____ FAX _____

Bebb - Harris - Marcinkowski - Medley - Versnick - Weinberg

2739 Iron Gate Drive Wilmington, NC 28412