

CENTRAL VALLEY VEIN & WOUND CENTER

FAX REFERRAL REQUEST

Dr. Leo Fong, Vascular Surgeon

STOCKTON OFFICE:

Address: 1140 W Hammer Ln, Stockton, CA 95209

Phone: (559) 721-4910

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VEIN, VASCULAR, AND WOUND REFERRAL

() Needs Immediate Attention () Please Schedule An Appointment

Referring Physician: _____

Phone: (____) _____ Fax: (____) _____

PCP if different from referring: _____

Patient Name: _____ DOB: ____ / ____ / ____

Patient Home Phone: (____) _____ Patient Mobile: (____) _____

Primary Insurance: _____ Secondary Insurance: _____



PATIENT SYMPTOMS / HISTORY

Please check all that apply:

- () Diabetic Foot Ulcer () Burning () Discoloration
() Fatigue () Foot Pain () Gangrene
() Heaviness () Itching () Leg Pain
() Phlebitis () Rest Pain () Restless Legs
() Skin Change () Concerning Veins () Stasis Dermatitis
() Swelling () Throbbing () Aching
() Ulcer () Varicose Veins

Prior Studies:

() Ultrasound, Lower Extremity

Comments:

Please include the following with your referral:

- 1. Patient Demographics (social security number is REQUIRED)
2. Patient Insurance Cards (copy of the front and back of cards)
3. Referral/ Medi-Cal referral and authorizations (if applicable)
4. NOTE: AUTHORIZATIONS MUST INCLUDE CODES 99243 AND 93922
5. If the patient has had any ultrasounds for lower extremities, include the study in the referral.

Thank you very much for referring your patient to our office! PLEASE FAX TO: (559) 721-4920

