FAX REFERRAL REQUEST

CENTRAL VALLEY VEIN AND WOUND CENTER

☐ **VISALIA:** 1918 S. COURT STREET VISALIA, CA 93277

☐ **CLOVIS:** 3120 WILLOW AVE. #101 CLOVIS, CA 93612

☐ **HANFORD:** 1320 BAILEY DR. #103 HANFORD, CA 93230

☐ **SELMA:** 1850 FLORAL AVENUE SELMA, CA 93662

PHONE: (559) 721-4910 **FAX:** (559) 721-4920

WEBSITE: CVVEINANDWOUND.COM

REFERRALS CAN BE MADE BY FAXING THIS FORM OR CALLING THE OFFICE.

VASCULAR SURGEON

LEO FONG, M.D.

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:_____

SANTÉ Authorization:_____

PATIENT SYMPTOMS

please check all that apply

R	L		R	L	
[]	[]	Diabetic Foot Ulcer	[]	[]	Rest Pain
[]	[]	Burning	[]	[]	Restless Legs
[]	[]	Discoloration	[]	[]	Skin Change
[]	[]	Fatigue	[]	[]	Concerning Veins
[]	[]	Foot Pain	[]	[]	Stasis Dermatitis
[]	[]	Gangrene	[]	[]	Swelling
[]	[]	Heaviness	[]	[]	Throbbing
[]	[]	Itching	[]	[]	Aching
[]	[]	Leg Pain	[]	[]	Ulcer
[]	[]	Phlebitis	[]	[]	Varicose Veins

PATIENT HISTORY

R L

[] [] ABI Date: _____ / _____ / _____

[] [] Duplex Date: _____ / _____ / _____

[] [] Compression Stockings Duration:
_____ [] Days [] Months

PRIOR STUDIES

R L

[] [] Ultrasound, Lower Extremity

Comments:_____

Please include the following with your referral for our office to properly process your request.

1. Patient Demographics (social security number is REQUIRED)
2. Patient Insurance Cards (copy of the front and back of cards)
3. Sante 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, if the patient has not had one we will schedule one at our office.

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