



FAX REFERRAL REQUEST

**CENTRAL VALLEY VEIN AND WOUND CENTER**

- VISALIA: 1610 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 SURGERY**

- LEO FONG, M.D.
- PHILLIP MYERS, PA-C, CLS
- JOSH DAY, PA-C, MS

**VEIN 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**

- Diabetic Foot Ulcer
- Burning
- Discoloration
- Fatigue
- Foot Pain
- Gangrene
- Heaviness
- Itching
- Leg Pain
- Phlebitis

**R L**

- Rest Pain
- Restless Legs
- Skin Change
- Concerning Veins
- Stasis Dermatitis
- Swelling
- Throbbing
- Aching
- Ulcer
- 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**