



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.

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 | R L |
| <input type="checkbox"/> <input type="checkbox"/> Diabetic Foot Ulcer | <input type="checkbox"/> <input type="checkbox"/> Rest Pain |
| <input type="checkbox"/> <input type="checkbox"/> Burning | <input type="checkbox"/> <input type="checkbox"/> Restless Legs |
| <input type="checkbox"/> <input type="checkbox"/> Discoloration | <input type="checkbox"/> <input type="checkbox"/> Skin Change |
| <input type="checkbox"/> <input type="checkbox"/> Fatigue | <input type="checkbox"/> <input type="checkbox"/> Concerning Veins |
| <input type="checkbox"/> <input type="checkbox"/> Foot Pain | <input type="checkbox"/> <input type="checkbox"/> Stasis Dermatitis |
| <input type="checkbox"/> <input type="checkbox"/> Gangrene | <input type="checkbox"/> <input type="checkbox"/> Swelling |
| <input type="checkbox"/> <input type="checkbox"/> Heaviness | <input type="checkbox"/> <input type="checkbox"/> Throbbing |
| <input type="checkbox"/> <input type="checkbox"/> Itching | <input type="checkbox"/> <input type="checkbox"/> Aching |
| <input type="checkbox"/> <input type="checkbox"/> Leg Pain | <input type="checkbox"/> <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> <input type="checkbox"/> Phlebitis | <input type="checkbox"/> <input type="checkbox"/> 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

Meet Our Doctor



LEO FONG, M.D.

Vascular Surgeon and Wound Specialist

Leo Fong, M.D., is board-certified and specializes in Vascular Surgery. Dr. Fong has over 25 years of experience and expertise in Amputation Prevention and Venous Disease.

His fellowship training was at the University of Tennessee. He received his residency training through the University of California, San Francisco, Fresno Medical Education Program. He attended Tufts University School of Medicine and completed his internship at the University of Southern California Medical Center. His undergraduate education was completed at Johns Hopkins University School of Arts and Sciences.

Education & Medical Training

- Johns Hopkins University
- Tufts University School of Medicine
- University of Southern California Medical Center, Internship
- University of California San Francisco Fresno Medical Education Program, Residency
- University of Tennessee, Fellowship

Certifications & Licensure

- CA State Medical License
- Board Certified - Surgery

Hospital Affiliations

- Community Regional Medical Center
- Saint Agnes Medical Center