



SOUTHERN
KENTUCKY
VASCULAR

VASCULAR REFERRAL BY PHYSICIAN TO :

DON W. BROWN, D.O., FACS, FACOS

Vascular Surgeon

Somerset | Danville | London | Russell Springs | Glasgow |
Campbellsville | Stearns | Manchester | Bowling Green*

Phone: 606-531-4100 Fax: 606-220-2116

***Bowling Green: 270-260-1006 Fax: 606-220-2116**

www.southernkentuckyvascular.com

When does patient need to be seen? (Check one):

- ASAP
- First Available

***SCHEDULED DATE AND TIME (To be completed by SKV)*:**

Patient Name: _____ **Date of Birth:** _____

Address: _____

Home phone: _____ **Work:** _____ **Cell:** _____

Insurance: _____

(Please send copy of Insurance card)

Referring physician: _____

Contact Person: _____ **Title:** _____

Contact phone: _____ **Clinic phone:** _____ **Ext:** _____

Reason for Visit:

(Select reason below)

Peripheral Arterial Disease		Swelling, Lower Extremity
Peripheral Vascular Disease		Swelling, Upper Extremity
AAA		Fistula Creation
Carotid Artery Stenosis		Hyperhidrosis
Venous Insufficiency		Varicose Veins
DVT/PE		Non-Healing Wounds
Mesenteric Stenosis		Renal Stenosis

Notes & Studies to send with Vascular Referral: *(Please check the items accompanying this referral.)*

- Referring note
- Updated Medication List
- Copy of insurance cards
- CT or MRIs related to the appointment (abdomen, pelvis, with or without runoff) **within the last year**
- CTA or MRA of neck - **within the last year**
- ABI (Ankle Brachial Index) - **within the last 6 months**
- Angiogram (post-op reports- renal, peripheral, carotid) - **within the last year**
- Ultrasounds or Doppler Studies - carotid artery, arterial duplex of any extremities, abdominal, venous (for DVT or insufficiency studies) - **within the last 6 months**