



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*

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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)

<input type="checkbox"/>	Peripheral Arterial Disease	<input type="checkbox"/>	Swelling, Lower Extremity
<input type="checkbox"/>	Peripheral Vascular Disease	<input type="checkbox"/>	Swelling, Upper Extremity
<input type="checkbox"/>	AAA	<input type="checkbox"/>	Fistula Creation
<input type="checkbox"/>	Carotid Artery Stenosis	<input type="checkbox"/>	Hyperhidrosis
<input type="checkbox"/>	Venous Insufficiency	<input type="checkbox"/>	Varicose Veins
<input type="checkbox"/>	DVT/PE	<input type="checkbox"/>	Non-Healing Wounds
<input type="checkbox"/>	Mesenteric Stenosis	<input type="checkbox"/>	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