

Patient Referral Form



SASD Vascular Lab Doctor (please check one)

- Anatoly Bulkin, MD, CWS, RVT, FACS, FICS
- Stefan Moldovan, MD
- Alexander Salloum, MD

Patient Information (please print)

Last Name _____ First Name _____ Middle Initial _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Date of Birth ____ - ____ - ____

Patient Insurance Information (please print)

Insurance Company _____ Authorization Number _____

Appointment Date ____ - ____ - ____ Appointment Time _____ : _____ a.m. / p.m.

Reason for Consultation/ICD-9 Code _____

Current Patient Medical Information (please check any and all medical indications)

Peripheral Arterial

Upper / Lower Extremity
Arterial Physiological Testing

- Ankle-Brachial Index
- Segmental Pressure Exam
- Upper / Lower Extremity Arterial Duplex
- Bilateral / Unilateral

Common Indications

- Leg Pain of Questionable Etiology
- Evaluation of Claudication
- Rest Pain-Differentiation between Diabetic Neuropathy vs. Ischemia
- Non-Healing Lesion
- Weak or Absent Pulse
- Evaluation of Upper Extremity Insufficiency
- Peripheral Aneurysm
- Vasospastic Disorders
- Follow Up Bypass Graft Surveillance

Peripheral Venous

Upper / Lower Extremity
Venous Duplex

- DVT
- Insufficiency

Common Indications

- Suspected Deep Vein Thrombosis or Superficial Phlebitis-Lower or Upper Extremities
- Valvular Incompetence/Reflux
- Post-Thrombotic Syndrome
- Varicose Veins
- Vein Mapping

Abdominal Vessels

Visceral Duplex

- Renal Artery
- Aorto-Iliac
- Mesenteric

Common Indications

- Abdominal Bruit
- Ischemic Neuropathy
- Renovascular Hypertension
- Mesenteric Ischemia
- Abdominal Aortic Aneurysm
- Aorto-Iliac Occlusive Disease
- Iliac or Caval Thrombosis
- Follow-Up on Renal, Mesenteric or Aortic Angioplasty/Stent/Bypass

Cerebrovascular

- Carotid Duplex

Common Indications

- Tia / Stroke
- Carotid Bruit
- Vague symptoms of Light-Headedness, Dizziness, or Syncope
- Follow Up of Carotid Disease
- Subclavian Steal
- Vertebral Occlusive Disease
- Vertebral Basilar Symptoms

Screening

- Carotid Disease
- Aneurysm
- Peripheral Arterial Disease (PAD)
- Hypertension

Dialysis Access

- Mapping
- Graft Surveillance

Other

(please add any medical indications not listed)

Referring Physician Information (please print)

Last Name _____ First Name _____ Middle Initial _____

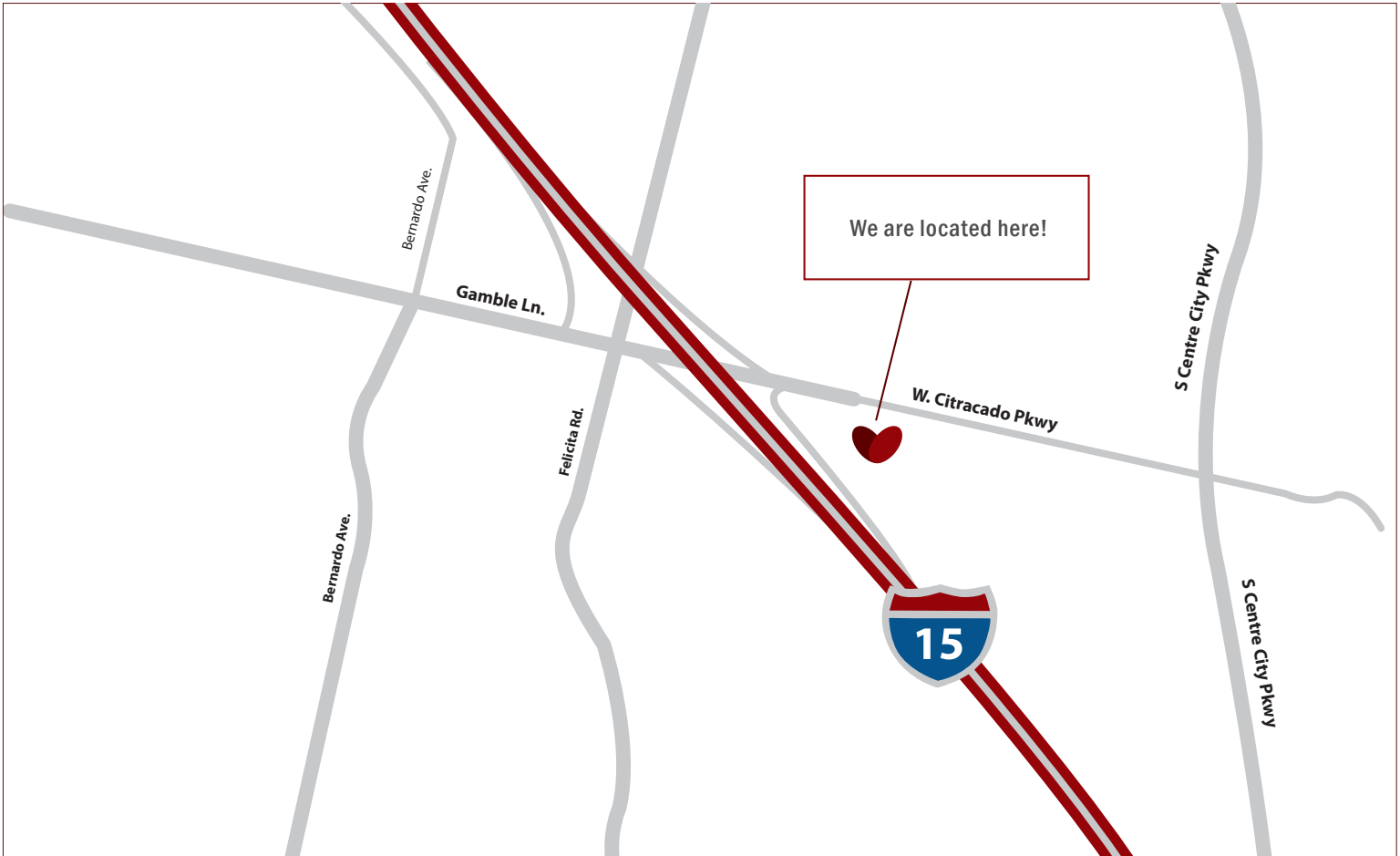
Phone (____) _____ Fax (____) _____ Email _____ @ _____

Signature _____ Today's Date _____

Location + Directions



625 W. Citracado Parkway, Suite 203
Escondido, CA 92025
Phone (760) 739-7666



From the North I-15

Take exit 29 toward Felicita Road
Turn left at Gamble Lane
Continue onto W. Citracado Parkway
Destination will be on the right

From the South I-15

Take exit 29 toward Felicita Road
Sharp right at W. Citracado Parkway
Destination will be on the right