

Valley Vascular Surgery Associates

In affiliation with UCSF Fresno

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UniversityMDs.com

☐ Needs Immediate Attention!

Date: _____ Number of Pages: _____

☐ First Available Physician

☐ Kamell Eckroth-Bernard, MD, FACS, RPVI

☐ Yan Cho, MD, RPVI

☐ Leo Fong, MD

☐ Philip Hinton, MD, FACS

☐ Kate Kiely, MD

☐ Leigh Ann O'Banion, MD, FACS, FSVS, RPVI

☐ Anne Prentice, MD, FACS, RPVI

☐ Sammy Siada, DO, FACS, RPVI

☐ Randall Stern, MD, FACS

Referring Physician: _____

Phone: _____ Fax: _____

PCP (if different from referring): _____

Patient Name: _____ DOB: _____

Patient Home Phone: _____ Patient Cell: _____

Primary Insurance: _____ Secondary Insurance: _____

Patient Symptoms: *(please check all that apply)*

Aneurism/Dissection

☐ Abdominal Aorta, Size _____

☐ Thoracic Aorta/Iliac, Size _____

☐ Peripheral Extremity

Carotid Disease

☐ Symptomatic

☐ Asymptomatic

☐ Dialysis Access

Peripheral Artery Disease

☐ Claudication/Leg pain

☐ Foot/Leg Discoloration

☐ Rest Pain

☐ Gangrene/Wound

Miscellaneous

☐ Temporal Artery Biopsy

☐ Thoracic Outlet

☐ Nutcracker Syndrome

☐ Barostim Implant

☐ Other: _____

Venous Disease*

☐ Phebitis

☐ Swelling

☐ Leg Pain

☐ Spider/Varicose Veins

☐ Ulcer/Wound/Skin Changes

**For venous referrals we accept most private PPO/HMO insurances and Most Medi-Cal insurances.*

Comments: _____

Thank you very much for referring your patient to our office!