Valley Vascular Surgery Associates

In affiliation with UCSF Fresno

1247 E. Alluvial Avenue, Suite 101
Fresno, CA 93720
Phone: 559.431.6226
Fax: 559.440.9005
UniversityMDs.com

Referrals can be made by faxing this form or calling the office.

Date: ____________________ Number of Pages: ____________________

☐ *First Available Physician*
☐ Kamell Eckroth-Bernard, MD
☐ Yan Cho, MD, RPVI
☐ Leo Fong, MD
☐ Philip Hinton, MD
☐ Leigh Ann O'Banion, MD, FACS, FSVS, RPVI
☐ Anne Prentice, MD, FACS
☐ Sammy Siada, DO, RPVI
☐ Randall Stern, MD, FACS
☐ Robert Baber, PA-C
☐ Maria (Mia) McKnight, NP

Varicose Vein Referral Only: ☐ Needs Immediate Attention ☐ Please Schedule an Appointment

Referring Physician: ____________________

Phone: ____________________ Fax: ____________________

PCP (if different from referring): ____________________

Patient Name: ____________________ DOB: ____________________

Patient Home Phone: ____________________ Patient Cell: ____________________

Primary Insurance: ____________________ Secondary Insurance: ____________________

Sante Authorization (For wound care management only): ____________________

Patient Symptoms: (please check all that apply)

R	L	Symptom	R	L	Symptom
☐	☐	Aching	☐	☐	Rest pain
☐	☐	Burning	☐	☐	Restless legs
☐	☐	Discoloration	☐	☐	Skin changes
☐	☐	Fatigue	☐	☐	Spider veins
☐	☐	Foot pain	☐	☐	Stasis Dermatitis
☐	☐	Gangrene	☐	☐	Swelling
☐	☐	Heaviness	☐	☐	Throbbing
☐	☐	Itching	☐	☐	Toe
☐	☐	Leg pain	☐	☐	Ulcer
☐	☐	Phlebitis	☐	☐	Varicose veins

Patient History:

R	L	
☐	☐	ABI Date: __________
☐	☐	Duplex Date: __________

Prior Studies

R	L	
☐	☐	Ultrasound, lower extremity

Comments: ____________________

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