

FAX REFERRAL REQUEST
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: _____

Vascular Surgery

First Available Physician

Kamell Eckroth-Bernard, MD

Leo Fong, MD

Philip Hinton, MD

Leigh Ann O'Banion, MD

Anne Prentice, MD

Sammy Siada, DO

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

Aching

Burning

Discoloration

Fatigue

Foot pain

Gangrene

Heaviness

Itching

Leg pain

Phlebitis

R L

Rest pain

Restless legs

Skin changes

Spider veins

Stasis Dermatitis

Swelling

Throbbing

Toe

Ulcer

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!