THE VEIN SPECIALISTS
AN AFFILIATE OF MISSION HEALTH

310 Long Shoals Road
Arden, NC 28704
P 828.670.8346 | F 828.277.0082

DVT CLINIC REFERRAL FORM FOR EMERGENCY DEPARTMENT USE

To schedule a consultation or procedure, FAX this form to: **(828) 277.0082**

Patient Name: _____ **DOB:** _____

***Verified Phone Number:** _____

*Kindly confirm the accuracy of the patient's phone number without relying solely on the EMR data.

Diagnosis: Deep Vein Thrombosis

Patients will be contacted and evaluated in 2-3 days by The Vein Specialists.

Additional Comments

_____

_____

_____

_____

Andy Brown, MD Daniel Brown, MD Toby Cole, MD Robert Conklin, MD
Trevor Downing, MD James R. Field, MD Joshua Hubbard, MD Kristy Rutan, MMS, PA-C

Please fax completed form, pertinent medical records,
infographic information, and recent diagnosis studies to (828) 277.0082

Updated 11.10.23