THE VEIN SPECIALISTS
AN AFFILIATE OF MISSION HEALTH

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

REFERRAL FORM

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

Patient Name: _____ **DOB:** _____

Phone Number: _____ **SSN:** _____

Patient Address: _____

Diagnosis: _____

Referring Provider: _____ **Return Fax:** _____

Insurance Carrier: _____ **Insurance ID #:** _____

☐ Uninsured

DVT CLINIC REFERRAL

Deep Vein Thrombosis (DVT):

☐ **Suspected DVT**

STAT CALL (828) 670-8346
M-F, from 8:00 am to 4:30 pm

☐ **Diagnosed with DVT**

If patient has DVT, they'll be seen in 2-3 days.
Please provide the following items before the visit:

- ☐ Office Note
- ☐ Ultrasound Report
- ☐ All Images (sent via PowerShare)

VARICOSE VEIN CLINIC REFERRAL

Venous Insufficiency:

- ☐ BIL Varicose Veins
- ☐ RLE Varicose Veins
- ☐ LLE Varicose Veins
- ☐ Sclerotherapy
- ☐ Other: _____

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,
demographic information, and recent diagnosis studies to (828) 277.0082

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