

# Vascular Surgery Referral Form

Thank you for your interest in UAB Vascular Surgery. We are pleased that you are allowing us to aid in the care of your patients. Your completion of all the fields below and attachment of medical records will ensure there are no unnecessary delays in the evaluation of your patient. We must have records and films prior to the clinic visit.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Contact Number \_\_\_\_\_ Office Contact Name \_\_\_\_\_

Referring M.D. Name \_\_\_\_\_ Referring M.D. NPI \_\_\_\_\_

Referring M.D. Address \_\_\_\_\_

Referring M.D. Phone \_\_\_\_\_ Referring M.D. Fax \_\_\_\_\_

**Diagnosis/Reason for Referral** \_\_\_\_\_

## PLEASE SEND THE FOLLOWING DOCUMENTATION

- Patient demographic sheet
- Copy of insurance card
- Labs (most recent)
- H&P and clinic notes (most recent)
- Prior vascular operative reports
- Cardiac records and testing (ECHO, stress test, cath, etc)

CEREBROVASCULAR DISEASE	PERIPHERAL VASCULAR DISEASE	AORTIC ANEURYSM/DISSECTION	MESENTERIC/RENAL ISCHEMIA	THORACIC OUTLET SYNDROME
Carotid ultrasound	ABI/lower extremity	Aortic ultrasound	Mesenteric/renal	X-ray
CTA H/N	CTA A/P w/runoff	CTA C/A/P	CTA A/P	CT/CTA
* Angiogram if available	* Angiogram if available		* Angiogram if available	MRI/MRA

## CDs: DICOM FORMAT

- Images can be uploaded to AMBRA, Vitalengine, or PACS system
- If images cannot be uploaded, **overnight** CDs to: **UAB VASCULAR SURGERY, 1808 7th Avenue South, BDB 652, Birmingham, AL 35233**

Select	Provider	Fax	Phone
	Adam Beck, M.D.	205-934-0053	205-934-4407
	Juliet Blakeslee-Carter, M.D.	205-934-0053	205-934-4191
	Mark Patterson, M.D.	205-934-0053	205-934-4191
	Benjamin Pearce, M.D.	205-934-0053	205-934-4190
	Jarrad Rowse, M.D.	205-934-0053	205-934-4366
	Danielle Sutzko, M.D.	205-934-0053	205-934-4366

Cardiovascular Institute

**UAB MEDICINE**