

Vein Clinic Referral Form

Thank you for your interest in the UAB Vein Clinic. We are pleased that you are allowing us to aid in the care of your patients. The completion in all of the fields below, and the 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 _____

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)
- **DIAGNOSTIC IMAGES & REPORTS (within the last 6 months):**
 - **MRA/MRV Abdomen/pelvis**
 - **Venous Ultrasound**
 - **Venogram**
 - **CTA Abdomen/pelvis**
 - **CTA Abdomen/pelvis w/runoff**

Diagnosis/Reason for Referral _____

CDs: DICOM FORMAT

- Images can be uploaded to AMBRA, Vitalengine, or PACS system
- If images cannot be uploaded, **overnight** CDs to:

UAB VEIN CLINIC, 1201 11th Avenue South, Suite 301, Birmingham, AL 35205

REQUESTED PROVIDER & FAX NUMBER FOR SENDING RECORDS

Select	Provider	Fax	Phone
	Marc Passman, M.D.	205-930-8592	205-930-8583
	Danielle Sutzko, M.D.	205-930-8592	205-930-8583
	Amy Weldon, CRNP	205-930-8592	205-930-8583