Mid-South Vascular Physicians

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Mid-South Vascular Physicians

Vascular/Interventional Radiology Request

Last Name:	**First Name:**	**DOB:**
Patient Phone:	**Allergies:**	
Primary Insurance:	**Policy #:**	
Secondary Insurance:	**Policy #:**	
Clinical History/ Reason for Exam:		
Referring Physician/ Provider:	**Referring Phys. Signature:**	
Referring Facility:	**Referring Facility Phone:**	
Today's Date:	**Request Expiration:**	

Procedures Requested *(write details on line)*:

Peripheral Artery Disease/Peripheral Vascular Disease

Evaluate and treat Lower Extremity PAD (Arterial) ☐ **Evaluate and treat Lower Extremity PVD (Venous)** ☐

Evaluate and treat Upper Extremity PAD (Arterial) ☐ **Evaluate and treat Upper Extremity PVD (Venous)** ☐

Renal Arterial Doppler ☐ **Bilateral Carotid Arterial Doppler** ☐ **Other Ultrasound:**_____

Wound Care

Evaluate and Treat Wound(s) ☐ Location of wound(s):

Dialysis Access Maintenance

Dialysis Catheter ☐ Please circle one: **Removal Exchange Placement** Side/Location:
PICC Catheter ☐ Please circle one: **Removal Exchange Placement** Side/Location: Lumens: **Single/Double**
PORT Catheter ☐ Please circle one: **Removal Exchange Placement** Side/Location:

Evaluate and Treat dialysis fistula ☐ Side/Location:

Evaluate and Treat dialysis graft ☐ Side/Location:

Peritoneal Dialysis Catheter Removal ☐ Side/Location:

Peritoneal Catheter Placement ☐ Side/Location:

Assessment and Creation of Percutaneous AV fistula ☐ **OR Vein Mapping** ☐

Evaluate for Genicular Artery Embolization (GAE) ☐

Evaluate for Plantar Fasciitis Embolization (PFE) ☐

Evaluate for Uterine Artery Embolization (UFE) ☐