

Mid-South Vascular Physicians

6584 Poplar Ave. STE. 102

Memphis, TN 38138

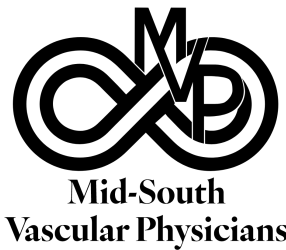
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Memphis, TN 38119

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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) ☐