

## 6401 Poplar Ave Suite 505 Memphis, TN 38119

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CHART #:	DATE:	
co	ONSULT REQUEST	
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Patient Name:	DOB:	
Diagnosis:		
Preferred Provider:	□ First /	Available
Please evaluate this patient for:		
Vascular Intervention	Vascular Access	
☐ Claudication/PAD	☐ Fistulagram	
☐ IVC Filter Insertion/Removal	☐ Implanted Medication Port	
☐ Varicose Veins ☐LLE ☐RLE ☐BLE	☐ Tunneled Dialysis Catheter	
☐ Venous Disease	☐ Other:	
☐ Other:	— Pain	
Embolization	☐ Kyphoplasty	
☐ Genicular Artery Embolization	☐ Nerve Block/Ablation	
☐ Hemorrhoid Artery Embolization		
☐ Prostate Artery Embolization	□ Other:	
☐ Uterine Fibroid Embolization	Other	
District Control of Co		
Oncology		
☐ Chemoembolization/Y90		
☐ Liver Ablation		
☐ Kidney Ablation		
PLEASE SEND THE FOLLOW	WING INFORMATION WITH THIS REQUEST:	
☐ Demographic Information ☐ Recent Office Visi	sit Note □ Labs □ Medication List □ X-Ray Reports/CD/	/Images
Additional Information:		g
Additional information.		
Referring Provider:		
	ST: ZIP:	
	Office Fax:	

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Office Contact:

## **HOW TO REFER TO MEMPHIS VASCULAR CENTER**

• Call 683-1890. Our staff is available to assist with your diagnostic scheduling needs.

## · What information is needed?

Patient Name

Date of Birth

Social Security #

Phone Number

Referring Physician

Procedure Requested

Current Lab

Allergies

## • What happens next?

- 1. We will contact the patient to obtain demographic and insurance information.
- 2. Procedure will be reviewed with patient and consultation arranged if necessary.
- 3. Procedure will be scheduled at appropriate, patient convenient site.
- 4. Patient will be notified of appointment time and procedure instructions.
- 5. Follow up care provided post procedure.

Memphis Vascular Center offers diagnostic and therapeutic care for your inpatient and outpatient needs. We are committed to be of service to the medical community offering scheduling ease to our colleagues.