Patient Referral
for Vascular Consults

☐ Polyxene G. Kokinos MD RPVI
Board Certified in Vascular and General Surgery

☐ Ignatius H. Lau MD
Board Certified in Vascular Surgery

Please Evaluate and Treat our Patient for the Following Condition

Is This Referral Urgent ☐ Yes ☐ No

Patient Name: _____

Patient Insurance: _____

Patient Phone: _____

Do we need to call patient to schedule the appointment ☐ Yes ☐ No

Diagnoses:

Arterial

☐ PAD (Peripheral Artery Disease)

☐ Rest Pain

☐ Claudication

☐ Carotid Artery Disease (TIA, Stroke)

☐ AAA (Abdominal Aortic Aneurysm)

Venous

☐ Swollen Leg

☐ Venous Veins

☐ DVT (Deep Vein Thrombosis)

☐ Superficial Thrombophebitis

☐ Leg Wound or Non Healing Ulcer

Please evaluate and treat our patient/client for the above checked indication.

Provider's Name: _____ Provider's Signature: _____

Provider's Phone: _____ Fax: _____ Email: _____

Campbell: 2255 South Bascom Avenue | **Gilroy**: 8420 Church Street

South Bay Vascular Center & Vein Institute
PREMIER CENTER OF EXCELLENCE

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