

Patient Referral for Vascular Consults

☐ Polyxene G. Kokinos MD RPVI
Board Certified Vascular & General Surgeon

☐ Ignatius H. Lau MD RPVI
Board Certified Vascular Surgeon

☐ Ruby Lo MD RPVI
Board Certified Vascular & General Surgeon

☐ Ryan Gupta MD MBA
Board Eligible Vascular Surgeon

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

Reason for Referral

☐ PAD (Peripheral Artery Disease)

☐ Swollen Leg

☐ Pain with Walking / Toe Pain

☐ Varicose Veins

☐ Superficial Thrombophlebitis

☐ Dialysis Access / Maintenance

☐ Carotid Artery Disease (TIA, Stroke)

☐ Leg Wound or Non Healing Ulcer

☐ AAA (Abdominal Aortic Aneurysm)

☐ DVT (Deep Vein Thrombosis)

☐ Other: _____

(If DVT is positive we will begin treatment)

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 Ave, #200 | **Gilroy:** 8420 Church St

Santa Cruz: 1667 Dominican Way, #130