



# Dallas Vascular Center

1222 N. Bishop Ave., Ste. 500, Dallas, TX 75208 PH: 214-943-1687 FAX: 214-943-9373

**\*\*This form is an official request for treatment and serves as a Physician's order**

## **PAD Patient Referral/Appointment Request**

Patient Name:	DOB:
Patient Current Phone:	
Referring Physician:	
Nurse Name:	Phone:
Nurse Signature:	Date:
Dialysis Center/Physician	Phone:
Office Location:	

**NOTE: For the following, please check one or more as appropriate:**

**Procedure Requested**

- Angiogram/Arteriogram
- Angioplasty
- Stenting
- Atherectomy

**Indications**

- Weak Extremity Pulse
- Pain in leg(s) or feet while at rest
- pain in feet or toes affecting sleep
- Swelling of lower limbs
- Infection in feet or ankles not healing
- Black Skin Tissue/Gangrene
- Toes or feet discolored or bluish
- Slow healing wound or ulcer on feet or toes  
8-12 weeks in duration
- Diminished or absent foot pulses

**\*\*\*IMPORTANT REMINDERS\*\*\***

- Please FAX a copy of the following to DVC along with this referral form:
  - Face Sheet
  - Medication List
  - Most Recent H & P
  - Most Recent Insurance Information

Please give the patient his/her copy of the **PATIENT APPOINTMENT INSTRUCTIONS** provided by DVC.