



REF



Crestwood Vein Center Referral Form
185 Whitesport Dr, Suite 2, Huntsville, AL 35801
Phone: 256-429-5346 Fax: 256-429-5349

Has this patient been tested for COVID-19 in the last 30 days? Yes or No

Yes, Date of Test: _____

Has this patient shown any s/s of COVID-19 in the last 30 days? Yes or No

If answering YES to either of these questions – please call the department at 256-429-5346/5345.

Referring Physician Information

Physician Name: _____ Clinic Contact: _____

Phone: _____ Fax: _____

Patient Information (please include demographic sheet and office notes)

Patient Name: _____ DOB: _____ Phone: _____

Office Evaluation and venous reflux scan-bilateral CPT 93970

ICD 10

- Chronic Venous Insufficiency 187.2
- Peripheral Edema R60.0
- Leg pain M79.606
- Asymptomatic varicose veins of unspecified lower extremity 183.90

Physicians

- First Available
- Cynthia Anastas (cardiology)
- Anand Balachandran (cardiology)
- Satyabrata Chatterjee (cardiology)
- Sadasiva Katta (cardiology)
- Jennifer Kiessling (cardiology)
- Tracy Lowery (vascular)
- Kelley Smith (cardiology)

Physician Signature	Date/Time
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