



REF

Vein Center Referral 185 Whitesport Dr, Suite 2, Huntsville, AL 35801

Phone: (256) 429-5346 Fax: (256) 650-1498

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

Anand Balachandran (cardiology)

Satyabrata Chatterjee (cardiology)

Benjamin Shepherd (vascular)

Kelley Smith (cardiology)

Physician
Signature

Time

Time

Vein Center Referral

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Patient Label