

## PATIENT REFERRAL FORM

### Patient Information

Patient Name

Date

Patient Phone #

Referring Physician Name

DOB

Referring Physician Phone #

M  F

Gender

Referring Physician Signature

#### REASON FOR REFERRAL

Leg Pain (PAD)

Pelvic Pain (Pelvic Congestion/ Varicocele)

Indication (please select all that apply) ICD-10

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Peripheral Vascular Disease I73.9

Chronic Pelvic Pain - Female R10.2

Pain in Right Leg M79.604

Pelvic Varices I86.2

Pain in Left Leg M79.605

Other (Specify)

Pain in Right Foot M79.671

Pain in Left Foot M79.672

Type 2 Diabetes with Peripheral Angiopathy, without gangrene E11.51

Other (Specify)

Spine Fracture/Back Pain (Kyphoplasty)

Indication (please select all that apply) ICD-10

Compression Fracture Thoracic Spine S22.000A

Compression Fracture Lumbar Spine S32.000A

Low Back pain M54.5

Other (Specify)



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