National Vascular Physicians

Patient Referral Form

nationalvascularphysicians.com
Phone #: 301-276-5670
Fax #: 877-370-4376
referral@nationalvascularphysicians.com

INFORMATION IN BLUE IS REQUIRED

Patient Name ______________________

Patient Phone # ______________________

DOB ______________________

Patient Email ______________________

Insurance Co & ID ______________________

Date ______________________

Referring Provider ______________________

Referring Provider Phone # ______________________

Referring Provider Fax # ______________________

Referring Provider Signature ______________________

REASON FOR REFERRAL

Peripheral Arterial Disease

Please select all that apply	ICD-10
☐ Peripheral Vascular Disease	173.9
Pain in ☐ Right ☐ Left Leg	M79.604/..605
Pain in ☐ Right ☐ Left Foot	M79.671/..672
☐ Diabetes w Periph Angiopathy, no gangrene	E11.51

Other/Notes______________________

Vein Disease

Please select all that apply	ICD-10
☐ Varicose Veins	I83.813
☐ Spider Veins	I83.90
☐ Acute ☐ Chronic Venous Embolism/Thrombosis	I82.90/..91
☐ Hemorrhoids	K64.8

Other/Notes______________________

PLEASE EVALUATE WITH

☐ Non-Invasive Arterial Testing (ABI, Segmental Pressures, Arterial Duplex)

☐ Venous Ultrasound

Fibroids & Women's Health

Please select all that apply	ICD-10
☐ Uterine Fibroids	D25.9
☐ Chronic Pelvic Pain	R10.2
☐ Infertility: Fallopian Tube Recanalization	N97.1

Other/Notes______________________

Prostate & Men's Health

Please select all that apply	ICD-10
Benign prostatic hyperplasia	
☐ with lower urinary tract symptoms	N40.1
☐ without lower urinary tract symptoms	N40.0
☐ Varicocele	I86.1

Other/Notes______________________

Cancer Care

Please select all that apply	ICD-10
Liver Cancer ☐ Primary ☐ Metastatic	C80.1/C79.9
☐ Pancreatic Cancer	C25.9
☐ Other Cancer (specify)______________________	
☐ Mediport ☐ Other Vascular Access (specify)______________	
☐ Nutritional Support (G tube)	

Other/Notes______________________

Spine, Pain & Joint Care

Please select all that apply	ICD-10
☐ Compression Fracture Lumbar Spine Knee	S32.000A
☐ Knee Osteoarthritis	M17.9
☐ Adhesive Capsulitis (Frozen Shoulder)	M75.0
☐ Other Nerve Root and Plexus Disorders	G54.8

Other/Notes______________________

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