

Mid-South Vascular Physicians

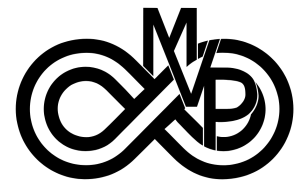
6584 Poplar Ave. Suite 102

Memphis, TN 38138

Phone: 901-519-4690

Fax: 901-519-4691

Dr. Jorge Salazar || Dr. Salil Joshi || Jennifer O'Dell, ACNP-BC || Lauren Albertine, APRN AGNP-C



Mid-South
Vascular Physicians

Vascular/Interventional Radiology Request

Last Name: _____ First Name: _____ DOB: _____

Patient Phone: _____ Allergies: _____

Primary Insurance: _____ Policy #: _____

Secondary Insurance: _____ Policy #: _____

Clinical History/ Reason for Exam: _____

Referring Physician/ Provider: _____ Referring Phys. Signature: _____

Referring Facility: _____ Referring Facility Phone: _____

Today's Date: _____ Request Expiration: _____

Procedures Requested (*write details on line*):

Peripheral Artery Disease/Peripheral Vascular Disease

Evaluate and treat Lower Extremity PAD/PVD Bilateral Right Left

Evaluate and treat Upper Extremity PAD/PVD Bilateral Right Left

Renal Arterial Doppler Bilateral Carotid Arterial Doppler

Wound Care

Evaluate and Treat Wound(s) Location of wound(s): _____

Dialysis Access Maintenance

Dialysis Catheter Please circle one: **Removal** **Exchange** **Placement** Side/Location: _____

PICC Catheter Please circle one: **Removal** **Exchange** **Placement** Side/Location: _____

PORT Catheter Please circle one: **Removal** **Exchange** **Placement** Side/Location: _____

Evaluate and treat dialysis fistula Side/Location: _____

Evaluate and treat dialysis graft Side/Location: _____

Peritoneal Dialysis Catheter Removal Side/Location: _____

Peritoneal Catheter Placement Side/Location: _____

Assessment and Creation of Percutaneous AV fistula

Uterine Artery Embolization

Evaluate and treat uterine disease