MASTER FAX REFERRAL – PAD | UAE | GAE | VENOUS

Patient Information

Name: _____ DOB: _____

Phone: _____ Insurance: _____

Referring Provider

Provider Name: _____ Practice: _____

Phone: _____ Fax: _____

Peripheral Arterial Disease (PAD)

- ☐ Claudication
- ☐ Rest pain
- ☐ Non-healing wounds / ulcers
- ☐ Abnormal ABI / decreased pulses
- ☐ Limb ischemia
- ☐ Prior vascular intervention

Chronic Venous Insufficiency

- ☐ Varicose veins
- ☐ Leg swelling / edema
- ☐ Venous stasis skin changes
- ☐ Venous ulcers / non-healing wounds
- ☐ Leg pain, heaviness, or fatigue
- ☐ Failed conservative therapy

Uterine Artery Embolization (UAE)

- ☐ Symptomatic fibroids
- ☐ Heavy menstrual bleeding
- ☐ Pelvic pain / pressure
- ☐ Bulk-related symptoms
- ☐ Anemia related to fibroids
- ☐ Surgical alternative requested

Genicular Artery Embolization (GAE)

- ☐ Knee osteoarthritis pain
- ☐ Chronic knee pain
- ☐ Pain limiting ambulation / ADLs
- ☐ Poor surgical candidate
- ☐ Seeking non-surgical option

Additional Clinical Notes

Requested

- ☐ Consultation only
- ☐ Evaluate candidacy
- ☐ Proceed if appropriate

Signature: _____ Date: _____