



# Vascular Associates

The Artery and Vein Experts

Ph: (850) 872-8510  
Fax: (850) 872-7412

1836 Florida Ave  
Panama City, FL 32404

## PHYSICIAN REFERRAL FORM

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Patient Phone: \_\_\_\_\_ Insurance: \_\_\_\_\_

**For STAT DVT ultrasounds or referral orders please call our office at 850-872-8510 ahead to schedule.**

**Independent DVT ultrasound (No consult, results will be faxed to you)**

**DVT ultrasound with same day consult**

*Indication (please circle laterality):*

Right leg pain (M79.604)

Left leg pain (M79.605)

Right leg swelling/edema (R60.0)

Left leg swelling/edema (R60.1)

Right arm pain (M79.601)

Left arm pain (M79.602)

### VASCULAR SERVICES OFFERED:

**LOWER EXTREMITY ARTERIAL  
ULTRASOUND**

Right

Left

Circle an ordering ICD-10 code:

*I70.213 | I73.9 | I72.4*

**CAROTID ARTERIAL ULTRASOUND**

Left

Right

Circle an ordering ICD-10 code:

*R09.89 | Z86.73 | I65.23*

**Lymphedema Consult**

**Chronic Venous Insufficiency  
Consult**

**UPPER EXTREMITY  
ARTERIAL ULTRASOUND**

Right

Left

Circle an ordering ICD-10 code:

*I73.9 | R03.1 | Q27.31*

**ABI with exercise**

Circle an ordering ICD-10 code:

*I70.213 | I73.9 | I72.4*

**\$99 Vascular screening  
which includes carotid  
and aorta+iliac US as well  
as an ankle brachial index  
(private pay)**

Please note any other beneficial information about the patient or their condition: \_\_\_\_\_

**Physician signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician name:** \_\_\_\_\_

**REQUIRED ACTION: For expedited care, please fax this referral sheet along with any demographics, notes or studies to 850-872-7412 AND call 850-872-7851**

1836 Florida Ave., Panama City, FL 32404 | Ph: (850) 872-8510 | Fx: (850) 872-7412  
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