



VASCULAR &
INTERVENTIONAL
SPECIALISTS

345 W. STEAMBOAT DR., SUITE 601
Dakota Dunes, SD 57049
Phone: (605) 217-5617 Fax: (605) 217-5533

PLEASE CIRCLE: ASAP First Available

Patient Name:		Date of Birth:	
Address:			
Home phone:	Work Phone:	Cell Phone:	
Insurance: (Please send copy of Insurance card)			
Referring Physician:		Contact Person:	
Phone:	Fax:		

**** PLEASE SELECT REASON FOR VISIT ****

Peripheral Arterial Disease	Swelling, Lower Extremity
Peripheral Vascular Disease	Swelling, Upper Extremity
AAA	Fistula Creation
Carotid Artery Stenosis	Hyperhydrosis
Venous Insufficiency	Varicose Veins
DVT/PE	Non-Healing Wounds
Mesenteric Stenosis	Renal Stenosis

NOTES AND STUDIES TO SEND WITH VASCULAR REFERRAL

- Referring note
- Updated Med List
- COPY of insurance cards
- CT or MRI's related to the appointment (abdomen, pelvis, with or without runoff) within the last year
- CTA or MRA of neck – within the last year
- ABI (Ankle Brachial Index) - within the last 6 months



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- Angiogram (post-op reports- renal, peripheral, carotid) – within the last year
- Ultrasounds or Doppler Studies -carotid artery, arterial duplex of any extremities, abdominal, venous (for DVT or insufficiency studies) - within the last 6 months

SCHEDULED DATE AND TIME: _____