

For Billing Office Use Only
ICD-10: _____

Date: _____

Requesting Evaluation and Procedure for Date: _____

Patient Name: _____ DOB: _____ Phone No.: _____

Address: _____

Skilled Nursing Facility: Yes No Nursing Facility Name: _____ Nursing Facility Phone: _____

Hospice Patient: Yes No Hospice Name: _____ Hospice Phone: _____

Person Authorizing Treatment: _____ Authorizing Signature: _____

Position: _____ Phone No.: _____ Fax No.: _____

Fax with Demographics and insurance Information

Peripheral Arterial Disease

- Lower Extremity Angio/ Peripheral Arterial Disease Evaluation/Peripheral Angio**
- Aneurysm - Iliac
 - Aneurysm-Femoral/Popliteal Artery
 - Atherosclerosis Extrem. w/ claud.
 - Atherosclerosis Extrem w/ Rest Pain
 - Atherosclerosis Extrem. w/ Ulcer
 - Atherosclerosis Extrem. w/Gangrene
 - Embol. &Thrombosis Abd. Aorta
 - Lower Extremity Embolism/Occlusion
 - Upper Extremity Embolism/Occlusion
 - Embolism & Thrombosis of Iliac
 - Bruit
 - Hematoma - Due to Surgery
 - Numbness
 - Pain in Limb
 - Weak Pulse
 - Other: _____

Venous Disease Lower Extremity

- Consult & Ultrasound Same Day
- Consultation Only
- Ultrasound Varicose/Spider/Venous Ulcer
- Ultrasound - DVT (Deep Vein Thrombosis)
- Cellulitis of Leg
- Chest Pain
- Deep Vein Thrombosis
- Dialysis Access Planning
- Focal Superf Swelling, Mass or Lump
- Pain in Limb
- Phlebitis and Thrombophlebitis
- Pulmonary Embolism
- Pre-operative Exam
- Shortness of Breath
- Swelling of Limb
- Ulcer-Lower Extremity
- Varicose Vein of LE with Inflammation
- Varicose Veins LE with Ulcer
- Varicose Vein with Complications
- Venous Insufficiency, Unspecified
- Other: _____

Mesenteric Angio (SMA/IMA/Celiac)

- Mesenteric Angio/PTA/Stent
- Abdominal Pain
- Mesenteric Artery Insufficiency
- Other: _____

Upper Extremity Angio

- Abdominal Aortography/PTA/Stent
- Aneurysm - Abdominal
- Other: _____

Renal Angio (Renal Artery Stenosis)

- Right/Left/Bi Renal Angiography/ Angioplasty/Stent
- Renal Artery Aneurysm
- Renal Artery Stenosis
- Renovascular Hypertension (HTN)
- Other: _____

Women's Services

- Uterine Fibroid Embolization
- Pelvic Congestion Syndrome
- Ovarian Vein/Varicoele Embolization
- Other: _____

IVC Filter

- IVC Filter Placement
- IVC Filter Removal
- Other: _____

Chemo Port/Plasmapheresis Catheter

- Arm Port Placement - Left
- Arm Port Placement - Right
- Chest Port Placement - Left
- Chest Port Placement - Right
- Port Check
- Port Removal
- Tunneled Catheter Removal
- Other: _____

Additional Atlanta Area Locations:

Northeast Atlanta Vascular Care
One Dunwoody Park, Suite 140
Atlanta, GA 30338
P: 404.554.2080
F: 404.554.8021

Northwest Atlanta Vascular Care
711 Canton Road NE, Suite 220
Marietta, GA 30060
P: 404.554.2196
F: 404.554.2415

Southeast Atlanta Vascular Care
5461 Hillandale Drive, Suite 210
Lithonia, GA 30058
P: 770.981.8477
F: 770.981.8908