Vascular Institute
of Northern California

FAX: (916) 680-9550
Phone: (916) 680-9510

500 University Ave #250
Sacramento, CA 95825
NPI #: 1932691797

PLEASE INCLUDE: **Face sheet, insurance cards, H&P, medication list, & any results of diagnostic screenings performed**

Today's Date:________________ Status: ☐ HIGH PRIORITY ☐ STANDARD

Patient's Name:____ DOB: ________________________

Phone #:____________________________ Primary Insurance: ______________________________

Referring Physician: ____

Office Phone:______________________________ Office Fax: ________________________________

Treatment: ☐ Vascular Consult: Evaluate & Treat
☐ Other: _____________________________________

Indications: ☐ Pain ☐ Ulceration ☐ Open Sore ☐ Discoloration
☐ Swelling ☐ Gangrene ☐ Drainage ☐ Other:____________

ALLERGIES (including contrast allergies):

Blood Thinners: ☐ Coumadin ☐ Aspirin ☐ Plavix ☐ Eliquis

Diabetic? ☐ NO ☐ YES - Insulin Type: _____________________________

Emergency Contact:________________________________ Phone #: __________________________

Need Transportation? ☐ YES ☐ NO

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Referring MD/DPM Signature Date