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Gilbert
4915 E. Baseline Rd., Suite 104
Gilbert, AZ 85234

Phoenix
6036 N. 19th Ave., Suite 204
Phoenix, AZ 85015

Sun City
10147 W Grand Ave #C4
Sun City, AZ 85351

**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: _____

Member ID: _____ Group #: _____

Referring Physician: _____ PCP: _____

Office Phone: _____ Fax: _____

Treatment: ___ Vascular Consult: Evaluate & Treat

___ DX: I73.9 Peripheral vascular disease

___ DX: M79.6 Pain in leg, unspecified

___ DX: N40.1 Benign Prostatic Hyperplasia

___ DX: R31.9 Hematuria, unspecified

___ DX: M17.9 Osteoarthritis of knee

___ DX: M25.569 Pain in unspecified Knee

___ DX: _____

___ DX: _____

Does patient have a wound? ___ Yes ___ No

Referral Start Date: _____ End Date: _____ # of Visits: ___ 15 ___ 99 ___ other

Emergency Contact: _____ Phone #: _____

****Do you give Vascular Institute permission to obtain insurance authorization on your behalf if insurance allows?**

___ YES ___ NO

NPI#: _____

Referring Physician Signature

Date