



# Expert Vascular Care of Columbus

3100 Plaza Properties Blvd,  
Suite 320 (3<sup>rd</sup> Floor)  
Columbus OH, 43219

Phone 614-618-9942 // Fax 877-599-6389

## Patient Referral / Appointment Request:

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Patient Insurance: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Referring Physician Signature: \_\_\_\_\_

**Patient Symptoms** (Please check all that apply):

- Weak Extremity Pulse
- Slow healing wound or ulcer on foot
- Slow healing wound or ulcer on leg
- Swelling of legs and/or feet
- Blue or black color of skin tissue of foot
- Blue or black color of skin tissue of leg
- Pain in legs or feet when at rest or in motion
- Varicose / Spider Veins
- Vascular Clearance for surgery
- Dialysis Access Maintenance
- Other (please describe) \_\_\_\_\_

**Please provide demographics, recent consultation notes and images, if possible.**

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## Ultrasound Request at Expert Ultrasound Services:

- Arterial Ultrasound
- Venous Ultrasound
- Other (please describe) \_\_\_\_\_

**\*This is an official request for treatment.  
Please fax sheet to: (877)-599-6389\***