



FAX REFERRAL REQUEST

**CENTRAL VALLEY VEIN AND WOUND CENTER**

- VISALIA:** 1610 S. COURT STREET VISALIA, CA 93277  
 **HANFORD:** 1320 BAILEY DR #103 HANFORD, CA 93230  
 **SELMA:** 1850 FLORAL AVENUE SELMA, CA 93662

**PHONE:** (559) 721-4910 **FAX:** (559) 721-4920  
CVVeinAndWound.com

**REFERRALS CAN BE MADE BY FAXING THIS FORM OR CALLING THE OFFICE.**

**VASCULAR SURGERY**

- Leo Fong, M.D.  Phillip Myers, PA-C, CLS  Josh Day, PA-C, MS

**VEIN AND WOUND REFERRAL**

- Needs Immediate Attention  Please Schedule An Appointment

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

Phone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

PCP if different from referring : \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Home Phone:( ) \_\_\_\_\_ Patient Mobile:( ) \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

**SANTÉ Authorization** for wound care management only : \_\_\_\_\_

**PATIENT SYMPTOMS**

please check all that apply

**R L**

- Diabetic Foot Ulcer
- Burning
- Discoloration
- Fatigue
- Foot Pain
- Gangrene
- Heaviness
- Itching
- Leg Pain
- Phlebitis

**R L**

- Rest Pain
- Restless Legs
- Skin Change
- Concerning Veins
- Stasis Dermatitis
- Swelling
- Throbbing
- Aching
- Ulcer
- Varicose Veins

**PATIENT HISTORY**

**R L**

- ABI Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Duplex Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Compression Stockings Duration:  
\_\_\_\_\_  Days  Months

**PRIOR STUDIES**

**R L**

- Ultrasound, Lower Extremity

Comments: \_\_\_\_\_

Please include the following with your referral for our office to properly process your request.

1. Patient Demographics (social security number is REQUIRED)
2. Patient Insurance Cards (copy of the front and back of cards)
3. Sante Referral / Medi-cal referral and authorizations (if applicable)
4. **NOTE: AUTHORIZATIONS MUST INCLUDE CODES 99243 AND 93922**
5. If the patient has had any ultrasounds for lower extremities, include the study in the referral, if patient has not had one we will schedule one at our office.

Thank you very much for referring your patient to our office! PLEASE FAX TO: (559) 721-4920