



Patient Last Name: _____ First Name: _____ M.I.: _____

D.O.B: _____ Phone: _____

Patient Address: _____ City: _____ State: _____ Zip: _____

Insurance Carrier: _____ Insurance Policy: _____

Referring Physician: _____ Phone: _____ Fax: _____

With this referral form, please include and send last visit note and any previous testing.

- Vascular Surgeon Consult
- Study Only
- Consult if test results abnormal
- Referral Needed? Yes No

Examination Desired (Please check all that apply)

- Carotid Ultrasound
- Venous Duplex for DVT (Must call to schedule)
- Venous Duplex for Reflux
 - Upper Extremity Lower Extremity
 - Left Right Bilateral
- Arterial Doppler (Complete)
 - Upper Extremity Lower Extremity
 - Left Right Bilateral W/PVR
- Vein Mapping for (AV Access)
 - Upper Extremity Lower Extremity
 - Left Right Bilateral
- AV Fistula or Graft
 - Upper Extremity Lower Extremity
 - Left Right
- ABI/PVR (Ankle only)
- Abdominal Ultrasound
- Renal Artery Ultrasound
- Mesentric Artery Ultrasound

Reason For Referral

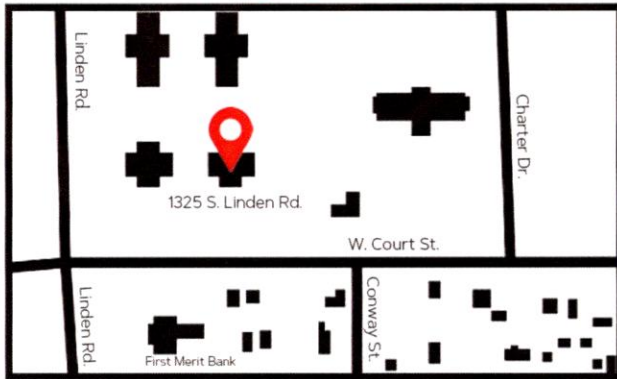
- Knee Pain / Osteoarthritis
(Genicular Artery Embolization)
- Varicose Veins
- Claudication
- Pain
- Ulceration
- Bruit
- Other
- Mediport Insertion
- Single Lumen
- Dual Lumen
- Mediport Removal





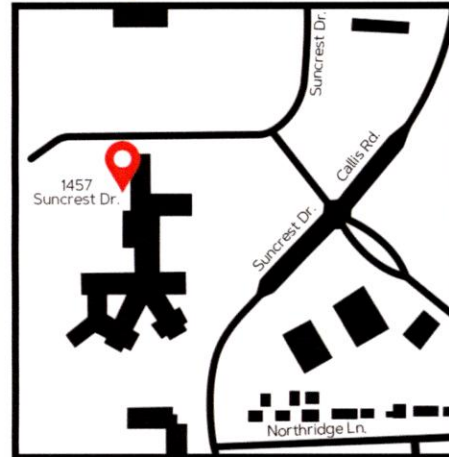
VASCULAR INSTITUTE OF MICHIGAN

Flint Office



Located at 1325 S. Linden Rd. Flint, MI 48532. We are on the North/East corner of the Linden and Court St. intersection in the Cornerstone buildings. We have a Court St. entrance across the street from the bank.

Lapeer Office



Located at 1457 Suncrest Dr. Lapeer, MI 48446. We are in the back side of Lapeer County Medical Facility. Our entrance is to the right of the play ground.

Owosso Office



Located at 802 King St. Owosso, MI 48867, Suite K. Second floor of the Mitchell building on the Owosso Memorial Hospital Campus.



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