

REQUEST FOR CONSULTATION & EVALUATION • APPOINTMENT SCHEDULING – 703.824.3228

Patient Name _____

Patient D.O.B. _____ Patient Phone _____

Physician Name _____

Physician Telephone _____ Physician Fax _____

Physician Signature _____ ICD-9 Code _____

Insurance Name & Identification No. _____

Authorization No. (If Needed) _____

CONDITIONS TREATED

Venous Insufficiency/Varicose Veins

Indications/Symptoms:

- | | |
|--|---|
| <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Spider veins |
| <input type="checkbox"/> Leg swelling | <input type="checkbox"/> Leg & ankle ulceration |
| <input type="checkbox"/> Leg pain/aching | <input type="checkbox"/> Leg itching/burning |
| <input type="checkbox"/> Leg discoloration | <input type="checkbox"/> Restless legs |
| <input type="checkbox"/> Leg heaviness/fatigue | |

Pelvic Congestion Syndrome

Indications/Symptoms:

- | | |
|--|--|
| <input type="checkbox"/> Chronic pelvic pain
(may be worse with standing,
sitting, end of day) | <input type="checkbox"/> Dyspareunia |
| <input type="checkbox"/> Lower back pain | <input type="checkbox"/> Varicose veins on
external genitalia |

Infertility

Fallopian Tube
Recanalization

Female Indications/Symptoms:

- Fallopian Tube Blockage

Varicocele Embolization

Indications/Symptoms:

- Scrotal aching/pain when
standing, sitting, lifting
- Scrotal varicose veins
- Infertility

Cosmetic Services

- | | |
|------------------------------------|---|
| <input type="checkbox"/> BOTOX™ | <input type="checkbox"/> Latisse™ (available) |
| <input type="checkbox"/> Juvederm™ | |

Uterine Artery Embolization (UAE)

Indications/Symptoms:

- | | |
|---|--|
| <input type="checkbox"/> Uterine fibroids | <input type="checkbox"/> Urinary symptoms
(urgency, incontinence) |
| <input type="checkbox"/> Heavy/prolonged
menstrual periods | <input type="checkbox"/> Pain in the lower back
or legs |
| <input type="checkbox"/> Pelvic pain/pressure | |

Peripheral Arterial Disease (PAD)

Indications/Symptoms:

- | | |
|--|---|
| <input type="checkbox"/> Intermittent claudication | <input type="checkbox"/> Coldness in lower leg
or foot |
| <input type="checkbox"/> Leg numbness or
weakness | <input type="checkbox"/> Leg, ankle or foot ulceration |

Outpatient PAD evaluation w/Imaging

Deep Vein Thrombosis (DVT)

Indications/Symptoms:

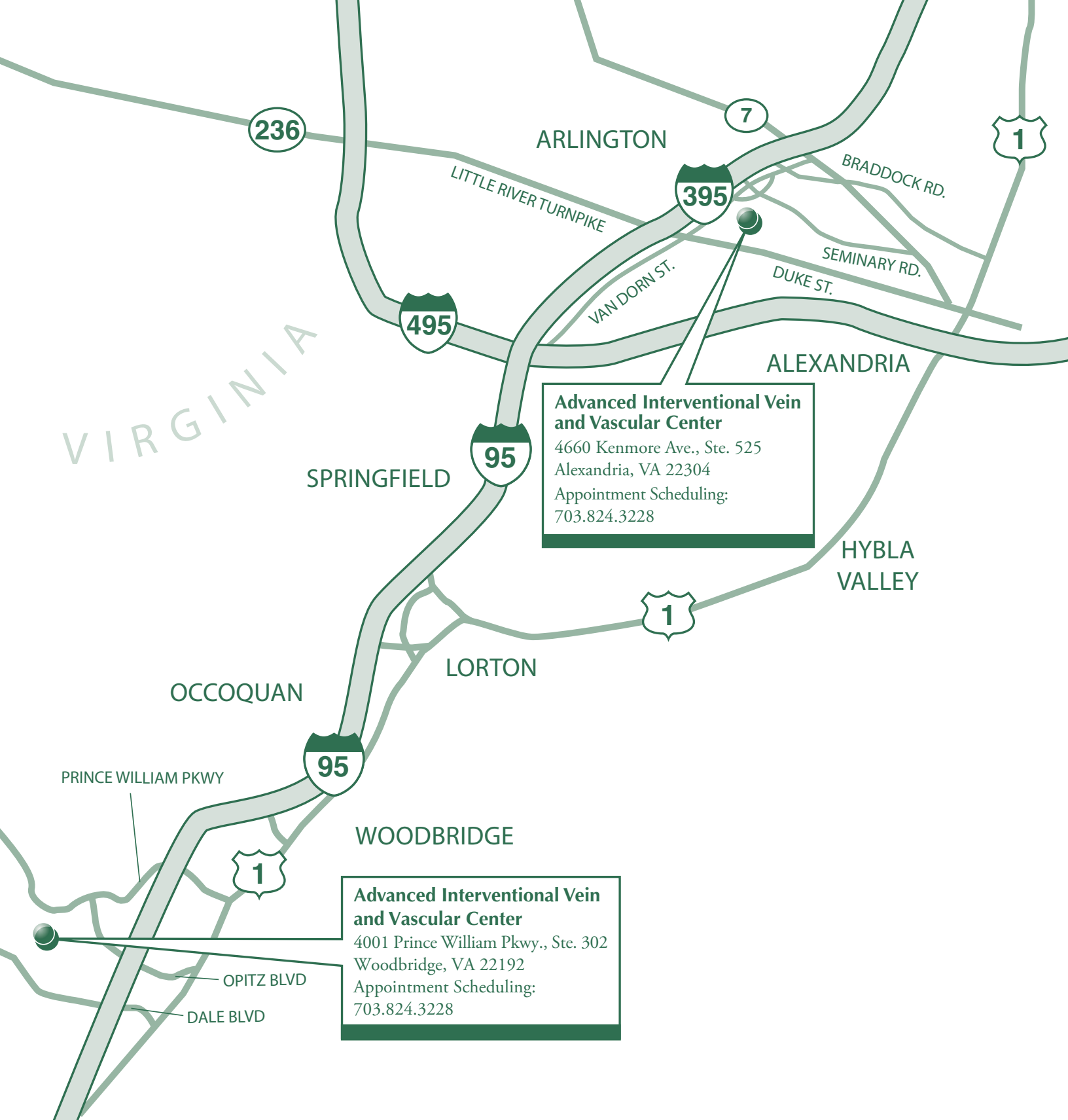
- | | |
|--|---|
| <input type="checkbox"/> Leg swelling | <input type="checkbox"/> Leg redness/warmth |
| <input type="checkbox"/> Leg pain/cramping | <input type="checkbox"/> Outpatient DVT
evaluation w/imaging |
| <input type="checkbox"/> Leg discoloration | |

PLEASE CALL THE PATIENT TO SCHEDULE
PLEASE FAX THIS FORM TO 703.997.1381

APPOINTMENT SCHEDULING: 703.824.3228, FAX: 703.997.1381

Online Appointment Request at www.VAveinandvascular.com

4001 Prince William Parkway, Suite 302, Woodbridge, Virginia 22192 • 4660 Kenmore Avenue, Suite 525, Alexandria, VA 22304



Advanced Interventional Vein and Vascular Center

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PLEASE BRING YOUR INSURANCE CARD AND PHOTO ID TO YOUR APPOINTMENT.

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