### **Vascular Laboratory**

Referring physician information:

Referring Provider:

Patient information:

contained herein.

Phone:

### Patient Referral and Appointment Information



Thank you for choosing to refer your patient to Oregon Surgical Specialists Vascular Laboratory. To start the referral process, please fill in and fax this form to our **Scheduling Department at (541) 245-4808.** 

Date:

Fax:

Patient Name:					
DOB:					
Home Phone: Work or Cell#:					
Address:					
City/ST/Zip:					
Insurance: Policy#	:				
<u> </u>					
Ultrasound Request Information	Chec	Check appropriate box			
Carotid artery Ultrasound				$\bigcirc$	
Leg/arm arterial Ultrasound	Rt	Lt	BiLat		
Leg/arm venous Ultrasound (rule out DVT)	Rt	L†	BiLat		
Leg/arm venous Ultrasound (varicose veins/venous insufficiency)	Rt	L†	BiLat	$\overline{}$	
Abdominal aorta Ultrasound (Patient need	ds to be NPC	O)			
Renal vascular Ultrasound (Patient need	ds to be NP	0)			
Mesenteric vascular Ultrasound (Patient nee	ds to be NP	0)			
For special request exams that do not fall under speak with a scheduler at (541) 930-8900.  Indication(s) ICD-10's for test(s):	the above	catego	ries, please co	all and	
NOTICE OF CONFIDENTIALITY: This is a confidential fax above. If you are not the intended person, you are he		ed solely	•		

fax and that you are not entitled to read, copy, or otherwise disseminate any of the information

# Vascular Laboratory at Oregon Surgical Specialists, PC **Patient information:**



You have been referred to the Oregon Surgical Specialists Vascular Laboratory for a noninvasive diagnostic examination. We encourage you to visit the Vascular Laboratory section of our web site at **www.oregonsurgical.com** for details on the exams we offer.

Our lab is fully staffed by Registered Vascular Technologists (RVT) extensively trained in noninvasive diagnostic vascular technology. Exams are supervised and interpreted by our board-certified vascular surgeons who have special training in the evaluation of arterial and venous disease. Once your exam has been completed and interpreted a report will be forwarded to your referring healthcare provider who will contact you regarding your results.

Appointment Details: Please give 24 hours notice if unable to keep this appointment		
Patient Name:		
Day:	Time:	
Date:	Exam:	
Referring Provider:		

## Please arrive fifteen minutes prior to your appointment and bring the following information:

- o All Insurance Cards o Photo ID
- Copayment (if applicable)

#### Location:

Oregon Surgical Specialists, PC Vascular Laboratory 520 Medical Center Drive, Suite 300 Medford, OR 97504 (541) 930-8900



#### **Directions:**

**Coming from the South:** Take I-5 north toward Medford. Take exit 27. Turn right onto Highland Drive. Take the 1st right onto E Barnett Road. Travel approximately 1 mile. Turn left at Medical Center Dr. (The main entrance to Rogue Regional Medical Center.) Continue on Medical Center Drive past the RRMC Emergency Department ramp. Oregon Surgical Specialists is located on the third floor of the Cardiovascular Institute Building which will be on your left just past the Smullin Health Education Center.

**Coming from the North:** Take I-5 south toward Medford. Take exit 27. Turn left onto Highland Drive. Take the 1st right onto E Barnett Road. Travel approximately 1 mile. Turn left at Medical Center Dr. (The main entrance to

Rogue Regional Medical Center.) Continue on Medical Center Drive past the RRMC Emergency Department ramp. O Oregon Surgical Specialists is located on the third floor of the Cardiovascular Institute Building which will be on your left just past the Smullin Health Education Center.

