PALM VASCULAR CENTERS

Warren Swee, M.D.
Timothy E. Yates, M.D.

Referral Date ____ / ____ / ____

PATIENT REFERRAL FORM

Patient Name _____ **Patient D.O.B** ____ / ____ / ____ **Patient Phone** ____ / _____

Referring Physician _____

Referring Office Phone _____ / _____ **Referring Office Fax** _____ / _____

WHEN FAXING TO THE OFFICE PLEASE MAKE SURE TO INCLUDE THE PATIENT DEMOGRAPHICS, INSURANCE INFORMATION AND RECENT NOTES

CONSULTATION

- ◯ P.A.D. (Peripheral Arterial Disease)
- ◯ Venous Disease / Varicose Veins
- ◯ Uterine Fibroid Embolization
- ◯ Dialysis Access Management
- ◯ Vascular Surgery Clearance
- ◯ Kyphoplasty
- ◯ Other _____

DIAGNOSTIC ULTRASOUNDS

- ◯ Lower Extremity A.B.I / P.V.R.
- ◯ Lower Extremity Arterial Ultrasound
- ◯ Lower Extremity Venous Ultrasound
- ◯ Dialysis Access Ultrasound
- ◯ Other _____

ADDITIONAL COMMENTS / REQUESTS

_____

_____

_____

Referring Physician Signature _____

Dr. Warren Swee and Dr. Timothy Yates's Offices

WEST PALM BEACH
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West Palm Beach, FL 33407

(561) 594-1840 Office
(800) 906-3055 Fax

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1041 State Road 7 Suite 5
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4800 Linton Blvd Suite E-301
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