



Please fax order and patient demographics to (831) 318-0407



# MONTEREY BAY VASCULAR

 (831) 318-0010

 3275 Aptos Rancho Rd. Ste 1A Aptos, CA 95003

 (831) 318-0407

 945 Blanco Cir. Ste A Salinas, CA 93901

 info@montereybayvascular.com

## STAT

### PATIENT INFORMATION

REFERRAL DATE: \_\_\_\_\_ INTERPRETER NEEDED? Y | N LANGUAGE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

### REASON FOR CONSULTATION

- |  |   |
|--|---|
| <input type="checkbox"/> Pain                        | <input type="checkbox"/> Varicose Veins                     |
| <input type="checkbox"/> Ulcer/Non-Healing Wounds    | <input type="checkbox"/> Swelling/Edema                     |
| <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> History of Stroke                  |
| <input type="checkbox"/> Claudication                | <input type="checkbox"/> History of Heart Disease           |
| <input type="checkbox"/> Decreased/Absent Pulses     | <input type="checkbox"/> History of Carotid Artery Disease  |
| <input type="checkbox"/> Suspected DVT               | <input type="checkbox"/> History of Coronary Artery Disease |
| <input type="checkbox"/> Chronic DVT                 | <input type="checkbox"/> OTHER: _____                       |

### DIAGNOSTIC TEST WITH CONSULTATION

- |  |   |
|--|---|
| <input type="checkbox"/> Segmental Pressures (TBI) | <input type="checkbox"/> Carotid Duplex |
| <input type="checkbox"/> Lower Extremity Venous    | <input type="checkbox"/> Aortic Duplex  |
| <input type="checkbox"/> Lower Extremity Arterial  | <input type="checkbox"/> OTHER: _____   |
| <input type="checkbox"/> DVT                       | _____                                   |

### REFERRING PHYSICIAN INFORMATION

PHYSICIAN NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

THANK YOU FOR REFERRING!



# MONTEREY BAY VASCULAR

## INSURANCE PARTICIPATION

We are in network and currently accepting new patients with the following insurances:

- Aetna
- American Choice Provider Network
- Anthem Blue Cross
- Aspire
- Blueshield
- CCAH
- Cigna
- First Health Network
- Healthnet
- Medicare
- Network By Designs
- PCMI
- United Health Care
- WGAT

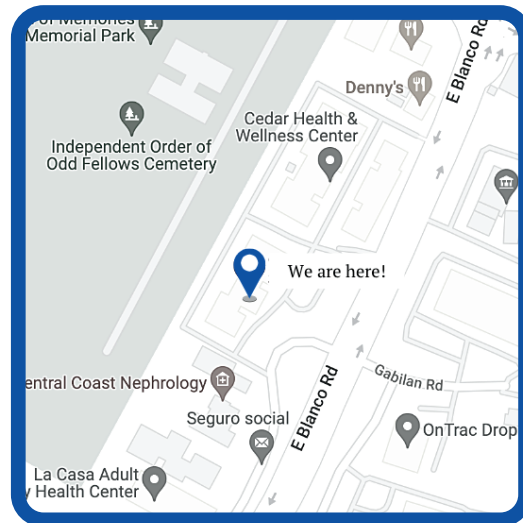
## LOCATION DETAILS



3275 Aptos Rancho Rd. Ste 1A  
Aptos, CA 95003



945 Blanco Cir. Ste A  
Salinas, CA 93901



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Diagnosis | Treatment | Continuity of Care

www.montereybayvascular.com