



Patient Referral form

32014 32nd Avenue, S Federal Way, WA 98001

Phone: 253-874-7107

Fax: 253-874-1923

Peter Gregory, MD

Aparna Baheti, MD

Laura Slee, ARNP

Date: _____

Patient Information

Name _____

Date of birth _____

Primary number _____

Secondary number _____

Insurance name _____

Insurance ID _____

Provider Information

Referring Provider _____

Phone number _____

Needs Translator? _____

Needs Transportation? _____

Able to sign consents? _____

Symptom

- Wound
- Claudication
- Rest Pain
- Peripheral Artery Disease
- Varicose Veins
- DVT
 - Suspected
 - Chronic

Embolization

- Uterine Fibroids
- Pelvic Pain
- Varicocele
- Knee Osteoarthritis
- Benign Prostatic Hyperplasia
- Hemorrhoids

Other

- Port placement
- Vertebral Compression Fracture
- Pre-Surgical Evaluation
- IVC Filter Retrieval or Placement
- Evaluate for Spinal Cord Stimulator
 - Diabetic Neuropathy
 - Peripheral Neuropathy
- Other _____

Ultrasound

Right Left Bilat

- Lower Extremity Arterial Duplex
- ABI only
- Lower Extremity Venous (Rule out DVT ONLY)
- Lower Extremity Venous Reflux (Varicose Veins)
- Pelvic Venous Ultrasound
- IVC / Iliac Veins
- Abdominal Aortic Aneurysm
- Other _____

Reasoning: _____

**PLEASE FAX REFERRAL TO 253-874-1923
WITH DEMOGRAPHICS, INSURANCE
INFORMATION, RECENT CHART NOTES &
MEDICATION LIST**



Not sure what to order? Call 253-874-7107 to speak with our staff.

Thank you for this referral!