

UT Health Physicians Vascular Surgery

Phone: 210-450-9888 | Fax: 210-567-1762 | UTHealthcare.org

Patient Name _____ Today's Date _____

DOB _____ Patient Phone _____ SS# _____

Patient Email _____ Insurance Plan _____

Referring Physician _____

Physician Phone _____ Physician Fax _____

Preferred Location _____

REQUEST: Consultation Diagnostic Testing

ARTERIAL TEST:

- Segmental Pressure Study w/ ABI
- Lower Extremity Arterial Duplex Ultrasound
- Aorta / Iliac Arterial Duplex Ultrasound
- Upper Extremity Arterial Duplex Ultrasound
- Carotid Arterial Duplex Ultrasound
- Dialysis Access Duplex Ultrasound
- Renal Artery Duplex
- Angiogram Location: _____

VENOUS TEST:

- Lower Extremity Venous Ultrasound
- Leg Reflux Venous Ultrasound
- Upper Extremity Venous Ultrasound
- IVC / Vena Cava Filter Ultrasound
- Venogram Location: _____

DIAGNOSIS:

- | | | |
|--|--|---|
| <input type="checkbox"/> Claudication | <input type="checkbox"/> Peripheral Artery Disease | <input type="checkbox"/> Dialysis Access |
| <input type="checkbox"/> Rest Pain | <input type="checkbox"/> Renal-Vascular Disease | <input type="checkbox"/> Lymphedema |
| <input type="checkbox"/> Ulceration Extremity | <input type="checkbox"/> Pain in Limb | <input type="checkbox"/> TIA/Stroke |
| <input type="checkbox"/> Gangrene Extremity | <input type="checkbox"/> Swelling in Limb | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Bruit | <input type="checkbox"/> Weak Pulse | <input type="checkbox"/> Venous Ulcer |
| <input type="checkbox"/> Carotid Stenosis | <input type="checkbox"/> Subclavian Stenosis | <input type="checkbox"/> Spider Veins |
| <input type="checkbox"/> Carotid Dissection | <input type="checkbox"/> Aortic Aneurysm | <input type="checkbox"/> Chronic DVT |
| <input type="checkbox"/> Venous Insufficiency | <input type="checkbox"/> Acute DVT | <input type="checkbox"/> Renal Disease |
| <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Aortic Dissection | <input type="checkbox"/> Diabetes, PAD Screen |
| <input type="checkbox"/> Family History CV Disease | | |
| <input type="checkbox"/> Aneurysm Disease | | |
| <input type="checkbox"/> Other _____ | | |

PRACTICE LOCATIONS

- » Medical Arts & Research Center 8300 Floyd Curl 4th FL, San Antonio, Texas, 78229
- » UT Health Westover Hills 11212 Hwy 151 Plaza 1 #100, San Antonio, Texas, 78251
- » UT Health Vascular Surgery Stone Oak 1139 E Sonterra #565, San Antonio, Texas 78258
- » UT Health Vascular Surgery South 7500 Barlite #305, San Antonio, Texas, 78224