VASCULAR & INTERVENTIONAL SPECIALISTS®
A DIVISION OF CHARLOTTE RADIOLOGY

CharlotteRadiology
Vein Centers

Referral Form

Patient Name:

Patient Phone: **DOB:**

Referring Provider:

Practice Contact:

Practice Phone:

Practice Fax:

To be completed by office staff

Appointment Date:

Appointment Time:

Appointment Location:

Vascular & Interventional Radiology Services

To schedule a consultation or for more information about vascular and interventional services, please call **704.358.IRMD(4763)** or fax your order to **704.414.7505**.

Reason for referral:

☐ **Arterial Intervention**

- ☐ Aortic Aneurysm
- ☐ Claudication
- ☐ Peripheral Artery Disease (PAD)
- ☐ Renal/Visceral stenosis or aneurysm
- ☐ Other_____

☐ **Gynecologic / Urologic Intervention**

- ☐ Enlarged Prostate/Benign Prostatic Hyperplasia (BPH)
- ☐ Pelvic Congestion
- ☐ Uterine Fibroids
- ☐ Varicoceles
- ☐ Other _____

☐ **Spine Intervention**

- ☐ Vertebral Compression Fractures
- ☐ Other_____

☐ **Venous Intervention**

- ☐ Deep Vein Thrombosis
- ☐ SVC Syndrome
- ☐ IVC Filter Placement
- ☐ IVC Filter removal
- ☐ Other_____

Preferred Location:

- ☐ Atrium Health Cabarrus
- ☐ Atrium Health Pineville
- ☐ Atirum Health Union
- ☐ Atrium Health University City
- ☐ CMC
- ☐ Urgent / First Available

Vein Centers

To schedule a consultation or for more information about vein services, please call **704.367.7877,** fax this order form or visit **CRveins.com.**

Reason for referral:

- ☐ Visible Varicose Veins or Spider Veins
- ☐ Experience itching, aching, tingling, cramping, numbness and/or burning sensations in leg(s)
- ☐ Restless legs and/or leg pain while sleeping
- ☐ Skin discoloration of lower extremities
- ☐ Swollen ankles
- ☐ Tired and/or heavy sensations in leg(s)

Preferred Location:

☐ **Lake Norman**
15419 Hodges Circle,
Suite 201, Huntersville, NC 28078

P 704.367.7877
F 704.943.3001

☐ **SouthPark**
4525 Cameron Valley Parkway,
Suite 1000, Charlotte, NC 28211

P 704.367.7877
F 704.943.3008