

# Wound Care and Podiatry Referral Form



CharlotteRadiology™

Vein Centers

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:

- Peripheral Artery Disease
- Lower Extremity Ulcer
- Critical Limb Ischemia
- Claudication
- Deep Vein Thrombosis
- Other \_\_\_\_\_

### Preferred Location:

- CMC-Main
- CHS-NorthEast
- CHS-Pineville
- CHS-University
- CHS-Union
- Urgent / First Available

## Vein Centers

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

### Preferred Location:



- Lake Norman**  
15419 Hodges Circle,  
Suite 201, Huntersville, NC 28078  
P 704.895.4970  
F 704.943.3001



- SouthPark**  
4525 Cameron Valley Parkway,  
Suite 1000, Charlotte, NC 28211  
P 704.333.3794 ext. 2220  
F 704.943.3008