Lower Manhattan
Endovascular Center
Affiliated with American Endovascular

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NOTE: In compliance with the Universal Protocol for Wrong Site Surgery, all areas highlighted in BLUE must be completed in full by the referrer.

To be completed by referring physician (please print all information)

PATIENT NAME (first and last): _____

PHONE (home): _____ (mobile): _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

LANGUAGE ACCOMMODATION? ___ YES ___NO Specify: _____

REFERRING PROVIDER: _____ NPI#: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

NEPHROLOGIST: _____ SURGEON: _____

Access Procedure:

☐ AV GRAFT ☐ AV FISTULA ☐ FISTULA CREATION

LOCATION: ☐ R ☐ L ☐ FOREARM ☐ UPPER ARM ☐ CHEST ☐ THIGH

DESIRED PROCEDURE: ☐ DECLOT ☐ FISTULOGRAM ☐ VENOGRAM ☐ ULTRASOUND
☐ VEIN MAPPING ☐ OTHER _____

INDICATION

___ CLOTTED ACCESS ___ PAIN ___ NON-MATURING FISTULA
___ HIGH VENOUS PRESSURE ___ INFILTRATION ___ ACCESS SURVEILLANCE
___ PROLONGED BLEEDING ___ ANEURYSM ___ DIFFICULT CANNULATION
___ STEAL SYNDROME ___ RECIRCULATION ___ SWOLLEN EXTREMITY

PRIOR ACCESS SURGERIES: _____

Catheter Procedure:

LOCATION/SITE: ☐ R ☐ L ☐ TUNNELED ☐ NON-TUNNELED ☐ CHEST ☐ GROIN ☐ PD

DESIRED PROCEDURE: ☐ INSERTION ☐ CATHETER CHANGE ☐ REMOVAL ☐ EXCHANGE
☐ OTHER _____

INDICATION

___ CLOTTED CATHETER ___ POOR FUNCTION ___ PAINFUL CATHETER
___ BROKEN CATHETER ___ INFECTION ___ NO LONGER REQUIRED
___ EXCHANGE TEMPORARY CATHETER FOR PERMANENT CATHETER
___ OTHER _____

Clinical Information:

XRAY/CONTRACT ALLERGY? ___Yes ___No REACTION: _____ DIABETIC? ___Yes ___No

ANY ANTICOAGULANTS? ___Yes ___No ___Coumadin ___Plavix ___ASA ___Other _____

COMPETENT TO SIGN CONSENT? ___Yes ___No If the patient is confused or forgetful, a second signature is required

IS PATIENT ABLE TO PROVIDE OR ARRANGE FOR OWN TRANSPORTATION? ___Yes ___No

___AMBULATORY ___CANE ___WALKER ___WHEELCHAIR ___STRETCHER ___TRANSPORT NEEDED

TRANSPORT COMPANY NAME_____ PHONE _____ INITIALS_____

POST PROCEDURE DESTINATION: ___Home ___Dialysis Clinic ___Other _____

PLEASE FAX THE FOLLOWING TO OUR OFFICE:
Prescription for Procedure, Insurance Cards, Medication List, Demographic Sheet, Most Recent H&P