



THE VEIN SPECIALISTS

A DIVISION OF ARA HEALTH

310 Long Shoals Road | Arden, NC 28704

P 828-213-9495 F 828-277-0082

An Affiliate of Mission Health

REFERRAL FORM

Venous duplex ultrasound and evaluation

Patient Name _____ DOB _____

SSN _____

Phone _____ Cell _____

Address _____

City _____ State _____ Zip _____

Diagnosis _____

Referring Physician _____

Return Fax Number _____

Insurance Carrier _____

Insurance ID# _____

Diagnoses

- BIL Varicose Veins
- RLE Varicose Veins
- LLE Varicose Veins
- DVT
- Sclerotherapy
- Other: _____

Ultrasound Only

- Functional Venous Reflux Ultrasound Right / Left / Bilateral
- Appointment Date / Time _____

Physician Preference

- First Available Andy P. Brown, MD Toby C. Cole, Jr. MD James R. Field, MD

**
Please fax completed form, pertinent medical records,
demographic information, and recent diagnosis studies to 828-277-0082.
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