

901 Vascular, PLLC  
6584 Poplar Ave. Suite 102  
Memphis, TN 38138  
Phone: 901-519-4690  
Fax: 901-519-4691

Dr. Jorge Salazar || Dr. Salil Joshi || Jennifer O'Dell, ACNP-BC



901 VASCULAR, PLLC

## Vascular/Interventional Radiology Request

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Clinical History/ Reason for Exam: \_\_\_\_\_

Referring Physician/ Provider: \_\_\_\_\_ Referring Phys. Signature: \_\_\_\_\_

Referring Facility: \_\_\_\_\_ Referring Facility Phone: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Request Expiration: \_\_\_\_\_

### Procedures Requested (*write details on line*):

#### Peripheral Artery Disease/Peripheral Vascular Disease

Evaluate and treat Lower Extremity PAD/PVD  Bilateral  Right  Left

Evaluate and treat Upper Extremity PAD/PVD  Bilateral  Right  Left

Renal Arterial Doppler  Bilateral Carotid Arterial Doppler

#### Wound Care

Evaluate and Treat Wound(s)  Location of wound(s): \_\_\_\_\_

#### Dialysis Access Maintenance

Dialysis Catheter • Please circle one: **Removal** **Exchange** **Placement** Side/Location: \_\_\_\_\_

PICC Catheter • Please circle one: **Removal** **Exchange** **Placement** Side/Location: \_\_\_\_\_

PORT Catheter • Please circle one: **Removal** **Exchange** **Placement** Side/Location: \_\_\_\_\_

Evaluate and treat dialysis fistula  Side/Location: \_\_\_\_\_

Evaluate and treat dialysis graft  Side/Location: \_\_\_\_\_

Peritoneal Dialysis Catheter Removal  Side/Location: \_\_\_\_\_

Peritoneal Catheter Placement  Side/Location: \_\_\_\_\_

Assessment and Creation of Percutaneous AV fistula

#### Uterine Artery Embolization

Evaluate and treat uterine disease