

OFFICE USE ONLY:

ACCOUNT \_\_\_\_\_



ADVANCED  
VASCULAR THERAPY

2480 Liberty Street NE, Ste. 110  
Salem, OR 97301  
503.371.1756(P)  
503.584.7971(F)

---

**NEW PATIENT REFERRAL FOR ACCESS PLANNING**

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

PATIENT DOB: \_\_\_\_\_

DIALYSIS UNIT: \_\_\_\_\_

NEPHROLOGIST: \_\_\_\_\_

TREATMENT DAYS: \_\_\_\_\_

PLEASE CIRCLE: NEEDS NEW ACCESS      HAS CURRENT AVF/AVG

LOCATION: \_\_\_\_\_

**\*PLEASE INCLUDE THE FOLLOWING BEFORE SENDING SO WE  
MAY QUICKLY PROCESS THE REFERRAL\***

\_\_\_\_\_ DEMOGRAPHICS (INCLUDING INSURANCE INFORMATION)

\_\_\_\_\_ ROUNDING REPORT

\_\_\_\_\_ CURRENT MED LIST

**PLEASE FAX TO 503.584.7971 ATTN: REFERRALS. QUESTIONS? PLEASE CALL 503.371.1759 OPTION 1**

Created 4.19.17 Updated 7.24.2020

This facsimile transmission (and/or documents accompanying it) may contain confidential information belonging to the sender, which is protected by physician-patient privilege. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action reliance on the contents of this transmission is strictly prohibited. If you receive this transmission in error, please notify us immediately (by phone) to arrange for return of the document.