

OFFICE USE ONLY:

ACCOUNT \_\_\_\_\_



ADVANCED  
VASCULAR THERAPY

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

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## 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

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## REFERRAL TO ADVANCED VASCULAR THERAPY

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

REFERRAL FROM: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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

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

DX: \_\_\_\_\_

SELECT ONE ONLY – STUDY ONLY: \_\_\_\_\_ EVALUATION AND TREATMENT: \_\_\_\_\_

AUTH REQUESTED: YES \_\_\_\_\_ NO \_\_\_\_\_ PENDING \_\_\_\_\_

**\*\*THE FOLLOWING MUST BE INCLUDED TO PROCESS REFERRAL\*\*:**

DEMOGRAPHICS  CHART NOTES  IMAGING REPORTS/LAB RESULTS

PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE FAX TO 503.584.7971 ATTN: REFERRALS. ONCE REVIEWED WE WILL CONTACT YOUR PATIENT.**

**QUESTIONS? PLEASE CALL 503.371.1759 OPTION 1**

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