



BLUE RIDGE VASCULAR

Patient Referral Form

FAX: (540) 218-6887

Thank you for referring your patient to Blue Ridge Vascular. Our team specializes in the diagnosis and treatment of vascular conditions affecting the arteries and veins. We provide comprehensive evaluation, advanced endovascular procedures, and coordinated follow-up care to ensure the best outcomes for your patients.

Patient Information

Patient Name: _____

Date of Birth: _____ Phone: _____

Address: _____

City _____ State _____ Zip: _____

Referring Provider Information

Referring Provider: _____

Practice Name: _____

Address: _____

City _____ State _____ Zip: _____

Phone: _____ Fax: _____

Referral Date: _____

Reason for Referral

- | | | |
|--|---|--|
| <input type="checkbox"/> Peripheral Artery Disease (PAD) | <input type="checkbox"/> Carotid Artery Disease | <input type="checkbox"/> Aortic Aneurysm |
| <input type="checkbox"/> Venous Disease / Varicose Veins | <input type="checkbox"/> Leg Pain or Claudication | <input type="checkbox"/> Non-Healing Wounds / Ulcers |
| <input type="checkbox"/> Dialysis Access Evaluation | <input type="checkbox"/> Vascular Screening / Testing | <input type="checkbox"/> Uterine Fibroids |
| <input type="checkbox"/> Knee Pain | <input type="checkbox"/> Prostate Enlargement | <input type="checkbox"/> Vascular Access |
| <input type="checkbox"/> Other _____ | | |

Please fax completed referral form to (540) 218-6887.

Please attach a copy of the front and back of the patient's insurance card, the two most recent progress notes, and any available imaging or test results. A member of our team will contact the patient to schedule their appointment promptly.

JOSHUA D. ADAMS, MD