NG Vascular & Vein Center

Comprehensive Vascular and Interventional Care

NGVascular.com

F: (219) 359-3679

Patient Name: _____ Date of Birth: _____

Patient Phone #: _____

Referring Physician: _____ Signature: _____

Office Phone #: _____ Office Fax #: _____

Diagnosis: _____

Evaluation and treatment of:

Diagnostic Vascular Studies

- ☐ Venous Insufficiency US
- ☐ Venous US for DVT
- ☐ Peripheral Arterial US
- ☐ Renal Arterial Duplex
- ☐ Carotid Doppler
- ☐ Other: _____

Vascular Issues of Lower Extremity

- ☐ Peripheral Arterial Disease / Gangrene / Ulcer
- ☐ Varicose Veins / Spider Veins
- ☐ Leg Pain / Achy Legs
- ☐ Leg Swelling / Restless Legs / Venous Insufficiency
- ☐ Plantar Fasciitis
- ☐ Other: _____

Venous Issues

- ☐ Venous Insufficiency US
- ☐ Deep Vein Thrombosis, Chronic or Acute
- ☐ May-Thurner Syndrome
- ☐ IVC Filter Removal
- ☐ Lower Extremity Edema
- ☐ Other: _____

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