



Southwest Vascular Access Center, S.C.
 12250 S. Cicero Ave., Suite 112
 Alsip, IL 60803
 Phone: 708-371-5308 . Fax: 708-371-5964

REFERRAL FORM

Date _____

Patient Name _____ D.O.B _____

SS# _____ Home Phone # _____

Home Address _____

Dialysis Unit _____ Phone # _____ Fax# _____

Nephrologist _____

Please Include

*H&P *Demographics *Insurance Information *Current Medication List Isolation Patient

• **Dialysis Days and Shift**

○ M W F T T H S 1st 2nd 3rd 4th

• **Access Type and Location**

○ Right / Left ○ Fistula / Graft / Catheter ○ Arm / Thigh / Chest

• **Please Choose Reason for Referral**

- Thrombectomy / Declot (no bruit or thrill) _____
- Angiogram / Angioplasty _____ Indication _____
- Catheter Insertion _____ Removal _____ Exchange _____
- Vessel / Vein Mapping _____
- Other _____

Interventional Procedures are performed by Dr. Ahuja, Dr. Thomas and Dr. Onyenwenyi

• **Surgical Consultation**

Mondays / Fridays
 12250 S Cicero Ave, Suite 112
 Alsip, IL 60803

Fridays Only
 1717 S. Wabash
 Chicago, IL 60616

- New Patient Consultation / Access Planning Consult _____
 - Please include recent vein map if applicable
- Surgical Evaluation of Access _____
- Other _____

Surgical Consultations are performed by Dr. David Shapiro

Referring Physician's Signature, if available: _____

Referral Completed by: (Verbal Order – Nurse) _____ **Date:** _____