

FAX REFERRAL REQUEST

Alessandra Puggioni, MD

Board-Certified Vascular Surgeon
Specialized in Vein and Lymphatic Disorders

245 5th Ave, 3rd Fl, New York, NY 10016
Phone: (212) 457-1491 Fax: (877) 299-8224

Referrals can be made by faxing this form or calling the office

REFERRED BY: _____ **FAX:** _____ **TEL:** _____

NUMBER OF PAGES: _____ DATE: _____

PATIENT NAME: _____

PRIMARY HEALTH INSURANCE: _____

SECONDARY HEALTH INSURANCE: _____

DOB: _____ GENDER: _____ email: _____

Cell Number: _____ Other Number: _____

LEG VEIN SYMPTOMS:

BRIEF PATIENT HISTORY:

Spider Veins

Varicose Veins

Leg swelling

Leg redness

Leg achiness

Throbbing

Night cramps

Restless legs

Leg heaviness

Leg itching

Leg ulceration

Heat or burning sensation

Other _____

Please include the following with your referral for our office:

- 1. Patient insurance cards**
- 2. Prior tests and last office notes**

FAX sent by: _____