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Please fax office notes & labs with this referral form to (540) 654-9116.

For STAT orders, please call (540) 654-9118

Date: _____

Patient Name	
Date of Birth	Phone Number
Consultation	
Clinical Indication	
Requested by:	Provider Signature:
Phone:	Fax:

PLEASE CHECK APPROPRIATE VISIT TYPE BELOW

Vascular Ultrasounds

Please designate Right/Left and/or Upper or Lower Extremity as appropriate.

*Abdominal Doppler for

- *Aortic Duplex
- *Liver (TIPS, Arterial, Venous)
- *Mesenteric Doppler
- *Renal Artery Doppler
- *Renal Transplant

Arterial Doppler with ABI/PVR

UE LE

Arterial Duplex and PVR

R L UE LE

Carotid Doppler

Fistula Duplex: R L UE LE

Groin for Pseudoaneurysm: R L

Venous Doppler: R L UE LE

Venous Insufficiency Ultrasound:

R L

Vein Mapping for Fistula:

R L UE LE

Vein Mapping for Bypass:

R L UE LE

Consultations

- Arterial Disease/Claudication
- Biopsy _____
- Hemorrhoid Artery Embolization

Interventional Oncology

- Chemo Embolization
- Ablation
- Y90
- Venous Access

Inferior Vena Cava (IVC) Filter

Leg Pain

Lower Extremity Ulceration

Prostate Artery Embolization

Pelvic Pain

Pre-Op: _____

Uterine Fibroid Embolization

Venous Insufficiency/Varicose Veins

Vertebral Compression Fracture

Other: _____

Procedures

Aspiration: _____

*Dialysis Catheter Placement

*Fistulagram:

R L UE LE

Gastrostomy Tube Replacement

Gastrostomy Tube Removal

*IVC Filter Placement or Removal

Joint Injection: _____

Midline Placement

Spinal Injections (Facet, Epidural, Nerve Root Block, etc.): _____

Paracentesis (Diagnostic/Therapeutic)

PICC Placement or Removal

*Port Placement

Thoracentesis

(Diagnostic/Therapeutic): R L

Other: _____

**Patient must be NPO for these exams*

For patient scheduling, please call: (540) 654-9118 or email: scheduling@vivassociates.com

Please bring this form with you to your appointment.

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 Gustavo A. Elias, MD
 Samer Hijaz, MD

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