



Fredericksburg



Fredericksburg:
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Fredericksburg, VA 22408

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Stafford, VA 22554

Contact for both locations:
Phone: (540) 654-9118
Fax: (540) 654-9116
www.vivassociates.com

Date: _____

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

PLEASE CHECK THE APPROPRIATE VISIT TYPE BELOW

Vascular Ultrasounds

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

- *Abdominal Doppler for
 - *Aortic Duplex
 - *Liver Doppler
 - *Mesenteric Doppler
 - *Renal Artery Doppler
 - *Renal Transplant
- Arterial Doppler with ABI/PVR:
 - UE LE
- Arterial Duplex: R L UE LE
- Carotid Doppler
- Fistula Duplex: R L UE LE
- Pedal Artery Duplex: R L
- 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
- Interventional Oncology
 - Chemo Embolization
 - Ablation
 - Y90
 - Venous Access
- Inferior Vena Cava (IVC) Filter
- Leg Pain
- Lower Extremity Ulceration
- Migraine Headache: SphenoCath
- Prostate Artery Embolization
- Pelvic Pain
- Pre-Op: _____
- Uterine Fibroid Embolization
- Venous Insufficiency/Varicose Veins
- Vertebral Compression Fracture
- Other: _____

Procedures

- Aspiration: _____
 - Biopsy:
 - *Dialysis Catheter Placement
 - *Fistulagram:
 - R L UE LE
 - Gastrostomy Tube Replacement
 - Gastrostomy Tube Removal
 - *IVC Filter Placement or Removal
 - Joint Injection: _____
 - Midline Placement
 - Spheno Cath
 - 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

**Please send office notes and labs with this referral form.
For STAT orders, please call (540) 654-9118.**

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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