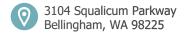


Peter Gregory, MD

Laura L. Slee, ARNP





Phone: 360-733-2557



Fax: 360-733-4674

○ STAT			
VASCULAR REFERRAL			
Patient Name  Date of Birth			
Patient Phone Insurance	Physician Signature		
	INDICATIONS		
Check all symptoms that apply			
<ul> <li>Varicose Veins</li> <li>Aching/pain</li> <li>Heaviness</li> <li>Tiredness/fatigue</li> <li>Itching/Burning</li> <li>Swelling</li> <li>Pelvic pain/congestion</li> </ul>	00000	Vulvar varicose veins Spider Veins Cramps Restless legs Throbbing Skin changes/ulcer Other	
VASCULAR CONSULTATION			
O Vascular Consult	0	BIL O Lef	t ORight
ULTRASOUND			
<ul><li>Lower Extremity Venous</li><li>Suspected DVT</li><li>Pelvic Venous Congestion</li></ul>	0	BIL C Lef	t O Right

You are being referred to a venous disease specialist. Please call today to schedule an appointment.