



Saint Mary's
Vascular Institute

A member of CHW

645 North Arlington Avenue
Suite 460
Reno, Nevada 89503

Patient Name: _____

Patient DOB: _____

Patient Phone: _____

FAX TO (775) 770-7474 – For Questions Call (775) 770-7600

PHYSICIAN ORDERS – VASCULAR INSTITUTE

PCP: _____ Phone: _____ Fax: _____

Vascular Surgeon: _____ Phone: _____ Fax: _____

Cardiologist: _____ Phone: _____ Fax: _____

Diagnoses: _____

Primary Insurance (if available): _____ Secondary Insurance (if available): _____

Vascular Consultation and Co-Management: Initial evaluation and follow-up care directed vascular specialist physician(s), appropriate imaging studies, enrollment in vascular surveillance program if indicated, care coordination of all vascular care, and medical atherosclerotic risk factor modification if requested.

Please give us direction as to whether or not you would like your patient to be evaluated for risk factor modification at the Risk Reduction Center (RRC).

- No risk factor modification requested at this time
- One-time visit for risk factor modification recommendations without ongoing co-management
- Ongoing co-management of vascular risk factors

One-Time Vascular Consultation: Initial evaluation with vascular specialist physician(s), appropriate imaging studies, and recommendations to referring physician for ongoing care.

Vascular Surveillance and Care Coordination Only: Enrollment in vascular surveillance program and care coordination by our nurse navigator team; may require one-time visit with vascular advanced practice nurse (APN) to enroll.

Atherosclerotic Risk Factor Modification Only: Initial consultation and ongoing co-management at Risk Reduction Center (RRC), including risk stratification and treatment of dyslipidemia, hypertension, diabetes / impaired fasting glucose, tobacco abuse, anti-platelet / anti-coagulation therapy, and overweight / obesity.

- One-time consultation with recommendations only

Anti-Coagulation Service Only: Point of Care INR and ongoing management of all aspects of anti-coagulation at Risk Reduction Center.

Smoking Cessation Only: Initial and follow-up visit with APN for possible pharmacological intervention and facilitation of referral to appropriate classes and behavior modification interventions.

Vascular Imaging Only:

- Lower Extremity Arterial Duplex with ABI pre and post exercise
- Lower Extremity Venous Duplex
- Carotid Duplex
- Renal Artery Duplex
- Ultrasound of Abdominal Aorta (rule out AAA)
- Other: _____

A letter summarizing our evaluation and treatment plan will be sent to you and any other physicians you indicate after each encounter with our Institute. We do not offer primary care. Patients will be instructed to continue to see their primary care or other referring practitioner.

Signature Referring Physician: _____ **Date:** _____ **Time:** _____

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