SOUTHLAKE VEIN CARE

J. Andrew Skiendzielewski, DO, DABVLM

REQUEST FOR CONSULTATION / REFERRAL

Date:	Referring Provider:
Patient Name:	DOB:
Patient Phone:	Insurance:

REASON FOR REFERRAL — PLEASE EVALUATE AND TREAT FOR

- ☐ Spider/Varicose Veins
- ☐ Leg Swelling / Edema
- ☐ Leg Pain / Aching / Heaviness
- ☐ Restless Legs / Cramping
- ☐ Fatigue / Tired Legs
- ☐ Skin Changes (Hyperpigmentation, Dermatitis)
- ☐ Venous Ulcers / Non-healing wounds
- ☐ Recurrent Cellulitis
- ☐ Bleeding Varicosities
- ☐ Other: _____

If clinical suspicion for chronic venous insufficiency exists and no contraindications are present, graduated compression stockings (20–30 mmHg or higher) may be recommended until definitive evaluation and treatment.

WHAT YOUR OFFICE CAN EXPECT

- Patient contacted within 1–2 business days
- Insurance verification prior to visit
- Consultation + ultrasound often same visit
- Communication sent to referring provider
- Patient education and care coordination

NETWORK PARTICIPATION

Texas Health Physicians Group (THPG) Specialist Referral Network
Southwestern Health Resources Physician Network (SWHR) — Preferred Specialist
Baylor Scott & White Quality Alliance (BSWQA) — Participating Provider

CONTACT INFORMATION

Southlake Vein Care — 620 North Kimball Avenue, Suite 100, Southlake, TX 76092
Appointments: 972-378-5347 | **Fax:** 972-378-0916 | SouthlakeVeinCare.com

Provider Signature: _____