



704-861-2072
Mon-Fri: 8:00am-4:30pm

Gastonia Office:
860 Summit Crossing Pl, Ste. 120 Fax: 704-854-3996

Charlotte Office:
15825 Ballantyne Medical Pl, Ste. 240 Fax: 704-544-5250
www.veinscarolina.com

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Date: _____

Patient's Name (Please print)

Patient's Date of Birth

_____ Consultation and Management

_____ Lower Extremity Venous Ultrasound _____ Right _____ Left _____ Bilateral

_____ Call results ASAP Phone # _____ Ask for _____

_____ Fitting of Compression Garments

Reason for Referral:

Asymptomatic Varicose Veins, Spider Veins
Varicose Veins with pain or swelling
Chronic Venous Insufficiency (pigmentation, dermatitis)
Venous Leg Ulcer
Deep Vein Thrombosis (or history of DVT)
Superficial Thrombophlebitis (or history of phlebitis)
Bleeding from Veins

May-Thurner Syndrome, Iliac Vein Compression
Pelvic Congestion Syndrome
Vulval Varices
Lymphedema
Leg Pain of unknown cause
Leg Swelling of unknown cause
Face or Hand Veins

_____ Please call patient to schedule appointment _____ (Patient's phone number)

_____ Please contact us w/ appt date and time _____ (Our phone number)

_____ Patient will contact you for appt. (704-861-2072)

_____ Medical records have been _____ sent w/ pt., _____ mailed, _____ faxed Charlotte 704-544-5250
Gastonia 704-854-3996

Requesting Provider (Please print)

Practice & Phone Number

Patient has been advised to:

_____ Avoid prolonged standing and elevates legs

_____ Use over the counter analgesics

_____ Wear 20-30 mmHg compression garments

*These recommendations help establish medical necessity

Thank You