

3186 Village Dr., Ste 201
 Fayetteville, NC 28304
 Phone (910) 486 - 5700
 Fax: (910) 486 - 5950



STAT REFERRAL: Yes / No
 Fax Referrals: (910) 486-5950

Patient Information

Patient Name:	DOB:	Appt Date:
Phone:	Alt. Phone:	Appt Time:
Patient Address:		
Insurance Primary:	ID:	

Provider Information

Provider:	Referral Coordinator:	
Referral Coordinator:	Phone:	
Dialysis Clinic:	Phone:	Fax:
Diagnosis (ICD-10)	Authorization #	

* Please include demographics, notes, recent labs, medication list, and insurance card *

Dialysis Clinic Site _____

Dialysis Clinic Contact _____

Hemodialysis Access Maintenance

- Vein Mapping**
Specify Site: _____
- Ultrasound Evaluation of Existing Bypass**
- Fistula Graft Declot**
Fistula Occluded Yes No

*If fistula is pulling clots or has decreased blood flow during dialysis please order a Fistulagram

- Fistulagram** Yes No
- Required Information for a Fistulagram**
- Pulling Clots Yes No
- Thrill / Bruit Yes No
- Low Flow Yes No

Fistulagram for Access Evaluation / Check

IV Access

- **Permcath** **Labs needed if on Coumadin/Eliquis/Xarelto
- Placement Exchange Removal
- **PT/PTT/INR/CBC/BMP W/30 DAYS**

Complete Labs at Valley Radiology YES No
 PT PTT INR CBC BMP

For Stat Labs, PLEASE send to:

CFVH Diagnostic Center
 524 Beaumont Rd.
 Fayetteville, NC 28304 (Behind CVS off Owen Drive)
 Ph: (910) 615-4845 Fax: (910) 615-7297

Vascular & Interventional Referrals
 (See Vascular/Interventional Referral Form)

Provider Signature _____

Date: _____