



**WIREGRASS SURGICAL REFERRAL FORM – VASCULAR SURGERY**  
**R. Burton Pfeiffer, III, M.D., FACS**

Date: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Referring Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PATIENT INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers - Home: \_\_\_\_\_ Work/Cell/Alt: \_\_\_\_\_

SSN: \_\_\_\_\_ Insurance Carrier (Send Copy of Card) \_\_\_\_\_  
*(We must have a copy of the patient's insurance card, front & back.)*

Contract/Policy No: \_\_\_\_\_ Group Number: \_\_\_\_\_

**REFERRAL INFORMATION**

The patient is being referred to Dr. Pfeiffer for:

- \_\_\_\_\_ Vascular Consultation
- \_\_\_\_\_ Vascular Ultrasound

Indication: (Please mark all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> AAA                    | <input type="checkbox"/> Lower Extremity Wounds     | <input type="checkbox"/> Venous Ulcers                |
| <input type="checkbox"/> AAA Screening          | <input type="checkbox"/> Renal Artery Stenosis      | <input type="checkbox"/> Ultrasound – Aorta           |
| <input type="checkbox"/> Carotid Artery Disease | <input type="checkbox"/> Peripheral Artery Disease  | <input type="checkbox"/> Ultrasound – Carotid         |
| <input type="checkbox"/> Claudication           | <input type="checkbox"/> Varicose Veins             | <input type="checkbox"/> Ultrasound – Lower Extremity |
| <input type="checkbox"/> DVT                    | <input type="checkbox"/> Vascular Disease Screening | <input type="checkbox"/> Ultrasound – Venous          |
| <input type="checkbox"/> Gangrene               | <input type="checkbox"/> Venous Insufficiency       | <input type="checkbox"/> Other _____                  |

**PLEASE FAX THIS FORM TO US AT 334-793-6840 WITH RECORDS, TESTS, LABS, FRONT & BACK OF THE PATIENTS INSURANCE CARD. WE WILL CALL THE PATIENT AND SET UP THE REQUESTED APPOINTMENT.**

**\*OFFICE USE ONLY— DO NOT WRITE BELOW THIS AREA.**

Appt. Date: \_\_\_\_\_ Appt. Time: \_\_\_\_\_AM/PM

WS EMPLOYEE WITNESS \_\_\_\_\_