

Coastal Cardiovascular & Thoracic Associates, P.A.

PRACTICE LIMITED TO CARDIOVASCULAR AND THORACIC SURGERY

588 Sterthaus Ave., Ormond Beach, FL 32174

PH: (386)672-9501, FX: (386)673-0308

www.coastalcardio-evolves.com

JAMES D. WUAMETT, M.D.

JOHN B. HOLT, M.D.

WILLIAM H. JOHNSON, III, M.D.

BRADLEY S. LITKE, M.D.

UTPAL S. DESAI, M.D.

REFERRAL FORM VARICOSE VEINS ONLY

We do *not* participate with *all* insurances, therefore, please **verify prior** to referring patient. Thank you.

Please **print** in all requested fields:

Patient Name: _____ DOB: _____ - _____ - _____

Mailing Address: _____ SS #: _____ / _____ / _____

City, State, Zip: _____ Phone: (____) _____ - _____

Primary Insurance: _____ Policy #: _____

Insured: _____ Group #: _____ Phone: (____) _____ - _____

Secondary Insurance: _____ Policy #: _____

Insured: _____ Group #: _____ Phone: (____) _____ - _____

Referring Physician: _____ NPI #: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Primary/Family Physician: _____ NPI #: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Reason for referral/diagnosis (one): **GVaricose Veins 454 Gw/Ulcer 454.0 G w/Inflammation 454.1**
Gw/Ulcer & Inflammation 454.2 Gw/Other complications 454.8 (edema,pain,swelling)

The following criteria for medical necessity must be met to proceed with the **VNUS Closure[®]** procedure. Please fax supporting documentation of the following:

- 1. 3-months conservative management including:**
medical-grade compression stockings
mild exercise leg elevation
avoidance of prolonged immobility - **AND -**
- 2. Persistent symptoms including aching, cramping, burning, itching and/or swelling during activity or after prolonged standing** - **AND -**
- 3. Hemorrhage from ruptured varix -or- ulceration from venous stasis**

Authorization # (if applicable): _____

Once appointment has been scheduled, we will contact patient and your office will be notified via fax. If you have any questions, you may call our scheduling department at extension 111.