

# EVOLVES VASCULAR LAB

East Volusia's Optimal Lab for Vascular Evaluation & Surveillance  
an affiliation of

**Coastal Cardiovascular & Thoracic Associates, P.A.**

588 Sterthaus Ave., Ormond Beach, FL 32174 PH: 386-672-9501, FX: 386-673-0308  
[www.coastalcardio-evolves.com](http://www.coastalcardio-evolves.com)

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## REFERRAL FORM ULTRASOUND SERVICES ONLY

We do *not* participate with *all* insurances, therefore, please **verify with our office 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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Referring Physician: \_\_\_\_\_ NPI #: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary/Family Physician: \_\_\_\_\_ NPI #: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Reason for referral/diagnosis: \_\_\_\_\_  
(Be descriptive) (ICD-9)

Test Requested (please check all applicable)

G Carotid Ultrasound/Doppler

G Abdominal Ultrasound/Doppler

G Peripheral Ultrasound/Doppler

G Artery or Vein Mapping

Authorization # (if applicable): \_\_\_\_\_

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**In order for our Vascular Lab to schedule an appointment, please fax this completed referral form and a copy of patient's insurance card and applicable referral / auth to:**

**ATTN: VASCULAR LAB  
(386) 673-0308**

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 (386) 672-9501, extension 115.