



## Consult Request Form

1. Complete the form and fax it to (630) 725-2701  
Include additional clinical information if needed.
2. We will schedule the appointment. The form will be faxed back to you when the appointment is scheduled.
3. Give the Information Sheet to the patient (patient copy).
4. Please call us if you have any questions.

Patient Name \_\_\_\_\_ Accessible Daytime Phone # \_\_\_\_\_  
 Street Address \_\_\_\_\_ Alternate Daytime Phone # \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

The above patient is being referred for evaluation by Vein Clinics Of America.

**\_\_ Varicose Veins of the Lower Extremities or Signs/Symptoms/Complications Suggestive of Lower Extremity Venous Reflux**

**Diagnoses Include:**

Varicose Veins With Ulcer (454.0)  
 Varicose Veins With Inflammation (454.1)  
 Varicose Veins With Ulcer and Inflammation (454.2)  
 Varicose Veins With Other Complications (454.8)  
 Varicose Veins Without Ulcer or Inflammation (454.9)

**Complications Include:**

Venous Insufficiency With Dermatitis or Edema (459.81)  
 Superficial Phlebitis of the Lower Extremity (451.0)  
 Lower Extremity Edema (782.3)  
 Lipodermatosclerosis (729.39)  
 Spontaneous Phleborrhagia (459.0)

**Symptoms Suggestive of Venous Reflux:**

Leg Pain, Aching or Throbbing (729.5)  
 Restless Legs Syndrome (333.99)  
 Leg Muscle Cramps (729.82)  
 Itching (698.9) Burning (782.0)  
 Leg Fatigue, Tiredness or Heaviness (729.89)

**\_\_ Telangiectasias (Spider Veins) or Reticular Varicosities of the Lower Extremities With or Without Symptoms**  
 The Diagnostic Codes May Include Any of Those Listed Above.

**\_\_ Telangiectasias (Spider Veins) or Reticular Varicosities (Other Than the Lower Extremities) – Face, Chest, Arms, Etc.**

**\_\_ Vulval/Perineal Varices (456.6)**      An Additional Diagnostic Code May Include: Pelvic Pain (625.9)

**Additional Clinical Information** \_\_\_\_\_  
 \_\_\_\_\_

**Referring Physician/Clinician Information:**

Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

**For more information please call  
 1-800-660-VEIN**

**Thank you for the referral.**

