Revere Health
Heart of Dixie
Vein & Vascular Center

1380 E Medical Center Dr., Ste 4100
St George, UT 84790
Phone: 435.251.2900
Fax: 435.251.2901

PATIENT REFERRAL

Patient Name _____ Date _____

Phone _____ Cell _____ DOB _____

Referring Physician Name _____

Diagnosis/Reason for referral _____

Please check all requests:

- ❑ Vascular Evaluation
- ❑ Cardiac Evaluation
- ❑ Vein Mapping
- ❑ Peripheral Arterial Ultrasound
- ❑ ABI
- ❑ Echocardiogram

Time frame (circle one): Urgent 1 week 2 weeks specify _____

Please FAX this form to our office @ 435.251.2901 along with the demographic information, insurance cards, clinical notes and labs.

Our staff will contact the patient and set up an appointment for the above procedures.