Patient Referral
for Vascular Consults

☑ **Ryan Gupta MD MBA** • Vascular Surgeon

Please Evaluate and Treat our Patient for the Following Condition

Is This Referral Urgent ☐ Yes ☐ No

Patient Name: _____

Patient Insurance: _____

Patient Phone: _____

Reason for Referral

☐ PAD (Peripheral Artery Disease)

☐ Pain with Walking / Toe Pain

☐ Superficial Thrombophebitis

☐ Carotid Artery Disease (TIA, Stroke)

☐ AAA (Abdominal Aortic Aneurysm)

☐ Other: _____

☐ Swollen Leg

☐ Varicose Veins

☐ Dialysis Access / Maintenance

☐ Leg Wound or Non Healing Ulcer

☐ DVT (Deep Vein Thrombosis)

(If DVT is positive we will begin treatment)

Please evaluate and treat our patient/client for the above checked indication.

Provider's Name: _____ Provider's Signature: _____

Provider's Phone: _____ Fax: _____ Email: _____

Direct cell (optional) — if you'd like Dr. Gupta to send updates directly: _____

Campbell: 2255 South Bascom Ave, #200 | **Gilroy:** 8420 Church St

Santa Cruz: 1667 Dominican Way, #130

South Bay Vascular Center & Vein Institute
PREMIER CENTER OF EXCELLENCE

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