PATIENT REFERRAL

Please FAX completed form to (248) 855-5455

Physician Liaison: Mohamed Hamed

Patient Information

Name: _____

D.O.B: _____

Phone #: _____

Insurance: _____

Insurance ID #: _____

Referring Doctor Information

Name: _____

Name of Practice: _____

Specialty: _____

Office Address: _____

Address Continued: _____

Phone #: _____ Fax #: _____

Primary Diagnosis: Varicose veins with other complications –

The above patient needs treatment by a specialist for signs and symptoms of venous insufficiency.

Confidentiality Notice: Confidential Health Information Enclosed

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Dr. Mason Mandy - Surgeon

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