



Patients Name:

Referral Date:

Patient Phone:

Patients D.O.B :

Patient Address:

City, State, ZIP:

### LOWER EXTREMITIES SYMPTOMS

☐ Leg Pain    ☐ Leg Heaviness    ☐ Restless Legs    ☐ Skin Discoloration

☐ Burning    ☐ Leg Swelling    ☐ Leg Fatigue    ☐ Throbbing  
Legs

☐ Leg Ulcers    ☐ Leg Cramps    ☐ Leg Itching    ☐ Varicose  
Veins

Referred

By:

Provider

Phone:

Provider

Fax:

Provider

Signature:

Call or Fax to schedule your patient appointment

Phone: (505) 445-0355 | Fax: (505) 531-8914

[Adancedvascularnm.com](http://Adancedvascularnm.com)

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