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Better Options. Healthier Legs.®

Provider Referral Request Form

To refer your patient to Indiana Vein & Lymphatic, please complete the following information and fax to our office at 317.863.1237. Our staff will contact your patient to schedule them at our office.

Name: _____ Gender: _____ Phone: _____

Address: _____ Date of Birth: ____/____/____

Reason for referral: _____

- | | |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Varicose Veins/Chronic Venous Insufficiency | <input type="checkbox"/> Venous Ulceration |
| <input type="checkbox"/> Chronic/Recurrent Lower Extremity Edema | <input type="checkbox"/> Dermatitis/Lipodermatosclerosis |
| <input type="checkbox"/> "Spider" Veins/Reticular Veins | <input type="checkbox"/> Recurrent Lower Extremity Lymphedema or Phlebolympheidema |
| <input type="checkbox"/> Superficial Phlebitis | <input type="checkbox"/> Restless Leg Syndrome |
| <input type="checkbox"/> Bleeding from a vein (phleborrhagia) | <input type="checkbox"/> Recurrent Superficial or Deep Vein Thrombophlebitis |

Additional History (including previous lab studies/ultrasounds/imaging - if applicable):

Have prescription strength (>20 mmHg) graduated compression stockings been issued/prescribed? YES NO

PLEASE SEND/ATTACH PATIENT'S INSURANCE INFORMATION/DEMOGRAPHICS AND ANY PROGRESS NOTES.

Referring Provider Information:

Provider Name: _____ Phone: _____

Address: _____ Fax: _____

Email: _____ NPI: _____

At Indiana Vein & Lymphatic, our founding principle is respect and compassion for our patients and their concerns regarding venous and lymphatic disease. The team at Indiana Vein & Lymphatic provides comprehensive, office-based and minimally invasive care of venous disease, as well as innovative physical therapy for lower extremity lymphedema and lipedema patients. Venous and lymphatic insufficiency are chronic conditions and we believe that a continuity based care model is the optimal way to approach the spectrum of these diseases.

SERVICES WE OFFER:

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|
| • Venous Ultrasound Mapping | • Varithena | • Lymphatic Physical Therapy |
| • Deep Venous Ultrasound Evaluation | • Ultrasound-Guided Sclerotherapy | • Lymphatic Compression Pump Therapy |
| • Endovenous Ablation Treatment | • Surface Spider Vein Sclerotherapy | • Compression Stocking Fitting |
| • VenaSeal | • Surface Vein Laser Treatment | • Laser Hair Reduction |

O: 317.348.3020 | 1.888.LEG.VEIN (534.8346) F: 317.863.1237

NEW LOCATION: 11590 N. Meridian Street, Suite 270, Carmel, IN 46032

www.indyveins.com |   indyveins