

Grant J. Yanagi, M.D.
 Murali K. Meka, M.D.
 Richard T. Falter, M.D.
 Nick Swilley, M.D.



Harry T. Ameredes, M.D.
 David R. Fisher, M.D.
 Gretchen E. Green, M.D.
 Lisa E. Pack, M.D.
 Prasad B. Patel, M.D.

3186 Village Dr, Suite 201, Fayetteville, NC 28304
 Phone: (910) 486 - 5700
 Fax: (910) 486 - 5950

Lisa M. Hutchison, PA

Gary Crist, PA

Larra A. Hunt, NP

T.J.Beach, PA

Patient Name: _____ DOB: _____

Patient Phone: _____ Alternate Number: _____

Patient Address: _____

Primary Insurance: _____ Secondary Insurance: _____

Referring Provider: _____

Contact Person: _____

Practice Phone: _____ Fax: _____

To be completed by office staff

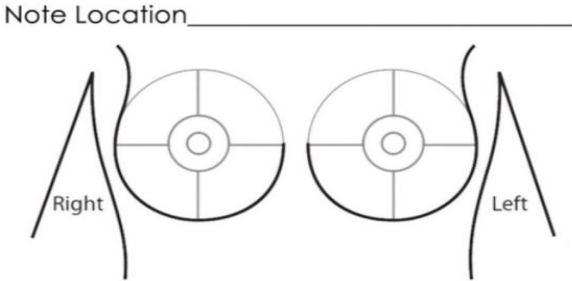
Appointment Date: _____

Appointment Time: _____

To schedule a referral fax your order to **910.486.5950**
 or for more information please call **910.486.5700**

*****PLEASE ATTACH RECENT LABS, X-RAYS, OFFICE NOTES, MEDICATION LIST AND A COPY OF INSURANCE CARD(S)*****

- Thyroid FNA R L
- Breast Cyst Aspiration R L
- Breast Core Needle Biopsy R L
- Stereotactic Biopsy R L
- Liver
- Lumbar Puncture
- Other Site _____



Ultrasound Referral To schedule a referral fax your order to **910.486.5950**
or for more information please call **910.486.5700**

- Vein Mapping for Dialysis Access Upper Extremity Bilateral R L
- Vein Mapping for CABG Lower Extremity Bilateral R L
- AVF/AVG Evaluation Lower Extremity Bypass Graft Bilateral R L
- Lower Extremity Arterial Duplex Bilateral R L
- Venus Duplex DVT Venous Insufficiency
 - Upper Extremity* Bilateral R L
 - Lower Extremity* Bilateral R L
- Carotid Duplex Bilateral R L
- Other Site _____ Bilateral R L
- Ankle-Brachial Index (ABI) Bilateral

Diagnosis (ICD-10) _____

Authorization # _____

Sign here **Provider Signature** _____ **Date:** _____