PREFERRED VASCULAR GROUP

Women's Fibroid & Vascular Center

Kevin Sullivan, MD
889 Second Street
Macon, GA 31201
P: 478.254.9363
F: 478.254.9362

Interventional Referral Form

For Billing Office Use Only
ICD-10: _____

Date: _____

Requesting Evaluation and Procedure for Date: _____

Patient Name: _____ DOB: _____ Phone No.: _____

Address: _____

Skilled Nursing Facility: ☐ Yes ☐ No

Nursing Facility Name: _____

Nursing Facility Phone: _____

Hospice Patient: ☐ Yes ☐ No

Hospice Name: _____

Hospice Phone: _____

Person Authorizing Treatment: _____

Authorizing Signature: _____

Position: _____ Phone No.: _____ Fax No.: _____

Fax with Demographics and insurance Information

Women's Services

☐ Uterine Fibroid Embolization
☐ Pelvic Congestion Syndrome
☐ Ovarian Vein/Varicoele Embolization
☐ Other: _____

Notes: _____

Atlanta Area Locations:

Northeast Atlanta Vascular Care
One Dunwoody Park, Suite 140
Atlanta, GA 30338
P: 404.554.2080
F: 404.554.8021

Northwest Atlanta Vascular Care
711 Canton Road NE, Suite 220
Marietta, GA 30060
P: 404.554.2196
F: 404.554.2415

Southeast Atlanta Vascular Care
5461 Hillandale Drive, Suite 210
Lithonia, GA 30058
P: 770.981.8477
F: 770.981.8908

Southwest Atlanta Vascular Care
3885 Princeton Lakes Way SW, Suite 314
Atlanta, GA 30331
P: 404.349.7770
F: 404.349.7778