



5683 South Rex Road
Memphis, TN 38119
(P) 901-350-0678 (F) 901-350-0677

1720 East Reelfoot Avenue, Suite 200
Union City, TN 38261
(P) 731-507-0272 (F) 731-507-0273

Date: _____ Referring Provider: _____

Patient Name: _____ Referring Provider Phone Number: _____

Patient DOB: _____ Referring Provider Fax Number: _____

Patient E-Mail: _____

Patient Phone Number: _____

Patient Insurance: _____

Evaluate AV Fistula

Thrombolysis of AV Fistula

Permacath Placement

Permacath Removal

Request a procedure/Other: _____

SUBMIT THE FOLLOWING DOCUMENTATION WITH REFERRAL:

- Demographics Sheet
- Copy of Insurance Card
- Most recent surveillance US of AV Fistula (If applicable)

REFERRING PROVIDER SIGNATURE: _____

****Direct Scheduler Contact: Amanda (618) 799-9115**