

Follow Up with Vascular



Name: _____

DOB: _____

Contact Number: _____

How Soon:

Within 24 Hours: Within a week:

Reason for follow up:

DVT/SVT Varicose Veins Wounds

Who is Referring: ER Urgent Care Other _____

Provider Signature: _____

Call 770-423-0595 to make your appointment

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www.vascularsurgicalatlanta.com

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