

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

Dialysis Access

PAD

Carotid Disease

Aortic Disease

Who is Referring:

ER

Urgent Care

Other _____

Provider Signature: _____

Call 770-423-0595 to make your appointment

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John Jones, MD, RPVI
Charles Wyble, MD, RVT
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Jeffrey Reilly, MD, RPVI
Shariq Sayeed, MD, RPVI
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Alpharetta

Hiram

Austell

Canton

Marietta

Cartersville

Douglasville

Woodstock

East Cobb

www.vascularsurgicalatlanta.com

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