



J. Joseph Hewett, MD
 Neil K. Goldstein, MD
 Derrick Tran, MD

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 1400 Reynolds Ave, Suite 110
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STAT

PATIENT INFORMATION

REFERRAL DATE: _____ INTERPRETER NEEDED? Y | N LANGUAGE: _____
 PATIENT NAME: _____
 INSURANCE: _____
 PHONE NUMBER: _____ DATE OF BIRTH: _____ SEX: F | M

INDICATION FOR CONSULTATION

- | | | |
|---|--|--|
| <input type="checkbox"/> Leg / Foot Pain | <input type="checkbox"/> Suspected / Chronic DVT | <input type="checkbox"/> Pelvic Pain / Swelling |
| <input type="checkbox"/> Ulcer / Non-Healing Wounds | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> History of Fibroids |
| <input type="checkbox"/> Claudication | <input type="checkbox"/> Swelling / Edema | <input type="checkbox"/> Knee Pain / Swelling |
| <input type="checkbox"/> Decreased / Absent Pulses | <input type="checkbox"/> Varicocele / Scrotal Pain | <input type="checkbox"/> History of Osteoarthritis |
| <input type="checkbox"/> Other: _____ | | |

TYPE OF VASCULAR CONSULTATION

- Vascular Consultation w/Imaging *OF THE*
- | | | |
|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> BIL Leg | <input type="checkbox"/> RT Leg | <input type="checkbox"/> LT Leg |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Scrotum | <input type="checkbox"/> Knee |

DIAGNOSTIC TESTING

- | | | |
|---|--|---|
| <input type="checkbox"/> DVT Ruleout | <input type="checkbox"/> Segmental Pressures (ABI/TBI) | <input type="checkbox"/> Carotid Duplex |
| <input type="checkbox"/> Lower Extremity Venous | <input type="checkbox"/> Lower Extremity Arterial | <input type="checkbox"/> Aortic Duplex |

REFERRING PHYSICIAN INFORMATION

PHYSICIAN NAME: _____
 SIGNATURE: _____
 PHONE NUMBER: _____ FAX NUMBER: _____

REFERRAL CHECK LIST


Please fax order and the following items to (949) 209 - 0407


- | | |
|---|--|
| <input type="checkbox"/> Insurance Card / Contact Information | <input type="checkbox"/> Previous Consult Notes |
| <input type="checkbox"/> Current Medication List | <input type="checkbox"/> Recent Labs / Imaging if Applicable |

THANK YOU FOR THE REFERRAL!




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ACCEPTED INSURANCES

Pedes Orange County is contracted with most major health plans depending on the medical group

Health Plans

- Aetna
- Anthem BlueCross
- BlueShield
- CalOptima
- CareMore
- Cigna
- Coventry/First Health
- Healthnet
- Medicare
- Molina Healthcare
- SCAN Healthcare
- Tricare and TriWest
- United Health Care
- WellCare

Medical Groups | IPAs

- AltaMed
- AltaMed PACE
- American West Healthcare Solutions
- CalOptima Direct
- CalOptima PACE
- CalOptima Community Network
- CalOptima OneCare Connect
- Noble Mid-OC
- Premier IPA
- Prospect Medical (AMVI)
- Seoul Medical Group
- Village Health

Medicare Advantage

- Align Senior Care
- Anthem BlueCross
- BlueShield
- Brand New Day
- CalOptima OneCare Connect
- Cano Health California
- Central Health
- Care 1st
- CareMore
- Central Medicare
- Easy Choice
- Healthnet
- SCAN Healthcare
- United Health Care

Education | Communication | Continuity of Care

www.pedesorangecounty.com