

Jacobo Nurko, MD

Patient Name _____ Date of Birth _____

Patient Address _____ Email _____

City _____ State _____ Zip _____

Home # () _____ Office # () _____ Cell # () _____

Patient Allergies _____

Patient Insurance _____ Authorization _____

Referring Physician _____ Physician Phone # () _____ Fax # () _____

Referring Physician Specialty _____

Medical Conditions _____

Chief Complaints _____

Lab Values – BUN/Creatinine _____ PT/PTT _____

BAVC Use Only - Appointment Date: _____ Appointment Time: _____ Confirmed By: _____

PERIPHERAL ARTERIAL DISEASE/PAD

Diagnosis and Management of Peripheral Artery Disease

- Indications:** {
- Numbness and Tingling
 - Open Sore / Ulceration
 - Gangrene
 - Claudication During Exercise / Walking
 - Arterial Rest Pain

Location: R / L / Bilateral

VENOUS INSUFFICIENCY

Diagnosis and Management of Venous Insufficiency Disease

- Indications:** {
- Pain
 - Restless Leg
 - Tired/Achy Legs
 - Ulceration
 - Swelling
 - Varicose Veins
 - Other _____

VASCULAR ULTRASOUND SERVICES

- DVT Arterial Duplex Venous Duplex

Renovascular Occlusive Disease / Renal Artery Stenosis

- Renal Artery Duplex Scan Hypertension Progressive Renal Insufficiency

Aortic Duplex

You may be asked to provide the following patient information: 1. Prescription for Procedure 2. Insurance Cards 3. Pt. Demographic Sheet 4. Medication List 5. Most recent H&P



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