



## PATIENT REFERRAL

Please FAX completed form to (248) 479-0332

Physician Liaison: Beverly Marcus

### PATIENT INFORMATION

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_

### REFERRING DOCTOR INFORMATION

Name: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Primary Diagnosis: Varicose Veins with other complications - Dx: I83.893

**Dr. Mohammed Islam • Dr. Gulshan Sethi**  
244 Westchester Avenue, Suite 212, White Plains, NY 10604

**Phone: (248) 847-4936 | MetroVeinCenters.com | Fax: (248) 479-0332**

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