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CONSULT/ORDERS			
<ul> <li>□ DERMATOLOGY</li> <li>□ VARICOSE VEINS</li> <li>□ DIABETIC NEUROPATHY</li> <li>□ PERIPHERAL ARTERY DISEASE</li> <li>□ WOUND CARE</li> <li>□ KNEE PAIN</li> <li>□ BACK PAIN</li> <li>□ UTERINE FIBROIDS (BLEEDING)</li> <li>□ HEMORRHOIDS</li> <li>□ FISTULA/PORTS</li> <li>□ ENLARGED PROSTATE</li> </ul>	PATIENT NAME		
	DOB		
	ADDRESS		
	PHONE #		
	INSURANCE TYPE		
	REQUESTED DATE/TIME		
	LOCATION NURSIN	IG FACILITY OFFICE	☐ PRIVATE HOME
ULTRASOUND		INDICATE SIZE AND LOCATION OF WOUND	
Arterial US (Aortoiliac (93978), Lower Ext (93925), ABI (93922/93923/93924)) - For peripheral arterial disease, claudication, wounds.  Venous Insufficiency (93970) - For DVT, venous reflux, varicose veins, wounds.  *NOTES:		ANTERIOR POSTERIOR	POSTERIOR
		RIGHT LEFT	LEFT RIGHT
PHYSICIAN'S NAME	SIGNATURE DATE		DATE

Clinic Locations in Sherman Oaks, Valencia, Westlake Village, Oxnard, Westminster, Walnut, Glendale, Lynwood, Laguna Hills, San Juan Capistrano, and San Gabriel.



Please send form + facesheet/ front and back of Insurance card to <u>orders@unifiedhealthusa.com</u> (Email) or <u>818-906-6903</u> (Fax). You can also fill out the form online by scanning the QR code or by visiting <u>unifiedhealthusa.com/orders/</u>