NEW ENGLAND ENDOVASCULAR CENTER

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www.NEvascular.com

ACCREDITED ASF SURGERY FACILITY

S. Lowell Kahn, MD MBA FSIR, Founder

REFERRAL GUIDELINES

1. Please include the most recent History and Physical or Office Note (ideally less than 30 days old).
2. Please include the most recent lab results. For most patients this includes BUN, Cr, eGFR, CBC, and INR.
3. Please include any relevant imaging studies. NEEC has access to images at Baystate, Mercy, and Cooley Dickinson Hospitals. If images are only available on a disc, the patient should bring these in so that they may be loaded onto our PACS system.
4. NEEC strives to provide the best communication possible. Please indicate your preferred method of contact for any patient-related issues. Dr. Kahn may be reached directly on his mobile phone at (413) 429-6668 or via his personal email, drkahn@nevascular.com.

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Address: _____ Patient Phone: _____

Address Line 2: _____ Patient Email: _____

Insurance Carrier: _____ Member #: _____

REFERRAL INFORMATION

Reason for Referral: _____

Requesting Provider: _____

Requesting Provider Contact Information: _____

Preferred Mode of Contact: _____

Requested Date to be Seen: _____

Other Information: _____

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