



**THOMAS PANETTA, M.D.,  
VASCULAR SURGERY, PLLC**

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*Vascular, Endovascular and Access Surgery*

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***Fistula always®***

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**REFERRAL TYPE:**

Elective

Urgent

INS Carrier

ID # \_\_\_\_\_

Contrast Allergies: Yes No Not Sure Other Allergies: \_\_\_\_\_

**PATIENT STATUS:**

Not current on dialysis

Catheter Type:  Dual-Lumen  TESIO  Other

Fistula

Graft

Diabetic  Yes  No

Take Insulin  Yes  No

Dialysis Days:

M W F T TH SA

Time: \_\_\_\_\_

**INDICATION FOR REFERRAL**

New Fistula Creation

New Catheter Insertion

Catheter Problem \_\_\_\_\_

Non Maturing Fistula

Difficulty in Cannulation

Bleeding

Steal

High Venous Pressure

Swelling

Clotted Access

Aneurysm

Other: \_\_\_\_\_

Nephrologist: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dialysis Center: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referred by/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

600 Northern Blvd., Suite 115, Great Neck, NY 11021

See directions on back.