



Total Vascular Surgery, inc.
Jung J. Lim D.O.

*Board Certified in Vascular Surgery
Special Credentials in Endovascular*

5 Medical Plaza Suite 200

Roseville, CA 95661

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Patient Name	Date of Birth
Phone Number	Insurance

Reason for Referral

Referring Dr.	Phone Number
	Fax Number

Address

Notes from Referring Dr.

Authorization Number (if required)

Send with this form:
 Patient Demographic Sheet
 Copy of Insurance Card(s)
 History & Physical
 Latest Progress Notes
 Any Labs or Imaging that Pertain to Referring Diagnosis

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www.TotalVascularSurgery.com



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