

FirstHealth

VASCULAR & VEIN

Patient services provided by Pinehurst Surgical Clinic Physicians

Procedure and Access Evaluation Scheduling Sheet

PH: 910-215-2536 FAX: 910-215-6025/910-215-3080

Name: _____ DOB: _____ Phone: _____

Access type and Extremity: GRAFT or FISTULA ARM or LEG LEFT or RIGHT

Does patient have a Perm Cath? YES NO

Contrast Allergy Y or N _____

Coumadin Y or N If yes for what reason: _____

Access Flow Rates (last 3 starting with most recent) _____

Blood Flow Rates (last 3 starting with most recent) _____

Dialysis Schedule: MWF TTHSA:

Procedure Requesting: Fistulogram Declot PC Placement PC Removal PC Exchange

Last Full Treatment of Dialysis _____

Office Consults: Vein Mapping and Consult for New Access Patient

Reason for request or circle one: _____

*Low Flow Rates***Absence of thrill***New Hemodialysis Patient***Pulling clots***Access Ready to be used???

Transportation: _____ Nursing Home: _____

Can patient consent for himself/herself? _____

Is patient ambulatory? YES or NO If no, is patient in wheelchair or stretcher? _____

Please fax most recent labwork including Potassium

Unit calling: _____ Contact person: _____ PLEASE
INCLUDE SHEET, COPY OF INSURANCE CARD & ANY RECENT LABWORK & NOTES

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