



Date _____

Patient _____ DOB: _____

The patient named above has been referred to our office for consultation. They will be seeing Dr. _____ for the diagnosis of _____.

To ensure we have all the necessary medical information for this appointment please fax the following records to:

(757) _____ Attention: _____

Heme Consults – Coag-PE-DVT

Hematology Consult: Hypercoagulation, Pulmonary embolus, Deep vein thrombosis, Blood clot, Anticoagulation

_____ Last 6-12 months labs reports:

- Hypercoagulation panel or studies: Factor V - Leiden, Prothrombin gene mutation, Antithrombin III, Protein C analysis, Protein S analysis, Homocysteine, Cardiolipin antibody, Lupus anticoagulant, Beta 2 glycoprotein 1,

_____ Last 12 months Imaging reports.

- Venous Doppler (aka: duplex scan, ultrasound of the extremities)
- Chest CT-angio, VQ scan. Venogram, IVC (inferior vena caval) filter procedure note, angiograms.

_____ PCP/referring chart notes

_____ Hospital admitting history and physical (incl name of hosp)

_____ Hospital discharge summary