



1717 Shipyard Blvd., Suite 200
Wilmington, NC 28403
910-769-2583
910-769-3531 fax

Referral / New Patient Inquiry

ELLIS A. TINSLEY, JR., MD, FACS, FSVS

Patient Name _____ DOB _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Referring Physician _____

Reason for Referral/Diagnosis or circle below _____

VEIN
Varicose veins
Spider veins
Leg swelling
Venous stasis
Venous ulcers
Deep vein thrombosis
Endovenous laser treatment (EVLT)
Sclerotherapy
Ambulatory phlebectomy
Vascular Medicine

VASCULAR/ENDOVASCULAR
Peripheral arterial disease
Stent, PTA, atherectomy
Abdominal aortic aneurysm
Endovascular procedures
Carotid artery disease
Mesenteric artery disease
Leg/foot/ankle ulcers
Vascular ultrasound
Carotid, aorta, peripheral duplex
Venous duplex
Vascular access port placement
Wound Care

MINIMALLY INVASIVE
Lap cholecystectomy
Lap hernia repair
Lap appendectomy
Lap lysis of adhesions
Ultrasound guided breast biopsy
Ultrasound guided node biopsy
Ultrasound guided thyroid FNA
Thyroid surgery
Parathyroid surgery
Abdominal pain evaluation
Hemorrhoids
Skin Lesions of all kinds

We value our partnership with you and your practice. If we can do anything to facilitate this referral, please call 910-769-2583, text 910-617-1754 or email us at admin@tinsleysurgical.com.

** If the patient's insurance requires a referral please include the referral information when faxing the requested items. Please include the following and return along with the records via fax to 910-769-3531.

- Current Office Note
- Imaging / Labs pertaining to this diagnosis
- Copy of Insurance Cards

Thank you for this referral!

Our office will fax this back to you to confirm.

Patient is scheduled for an office visit on _____