

Order/Schedule Form

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Accredited by
The Joint Commission



Patient Name _____ Date of Birth _____
Patient Address _____
City _____ State _____ Zip _____
Home # () _____ Office # () _____ Cell # () _____
Patient Allergies _____
Patient Insurance _____ Authorization _____
Referring Physician _____ Physician Phone # () _____ Specialty _____
Relevant Medical Conditions _____
Acute Issue for Referral _____

VASCULAR/ULTRASOUND SERVICES

Location: Lower Extremity Right/ Left/ Bilateral Other _____
Desired Study: Duplex Ultrasound **Arterial**/ABI Duplex Ultrasound **Venous** Abdominal Aortic Duplex
 Evaluate for Deep Vein Thrombosis

PERIPHERAL ARTERIAL DISEASE/PAD

PAD Consultation Endovascular Repair
Indication: Numbness and Tingling Claudication (pain with exercise) Rest Pain (pain without exercise or night)
 Open Sore / Ulcer (non-healing) Other _____

IVC FILTER

IVC Filter Replacement IVC Filter Retrieval

VENOUS DISEASE / CHRONIC VENOUS INSUFFICIENCY (CVI)

Location: Right/ Left/ Bilateral Upper Extremity/ Lower Extremity/ Other _____
Desired Procedure: Diagnosis/Management of Varicose Veins Diagnosis/Management of Deep Vein Thrombosis
 Leg Pain Protocol (Arterial & Venous Duplex Ultrasound)
Indication: Pain Tired/Achy Legs Swelling Skin Discoloration
 Restless Leg Ulceration Varicose Veins Other _____

ONCOLOGY

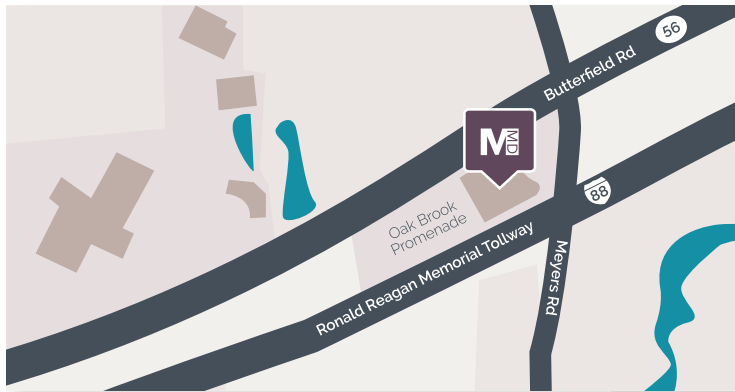
Port Placement/Removal PICC Line Placement Chemoembolization Embolization

You may be asked to provide the following patient information: 1. Prescription for Procedure 2. Insurance Cards 3. Pt. Demographic Sheet 4. Medication List 5. Most recent H&P

Chicago Access Care • 3011 Butterfield Road, Suite 120 • Oak Brook, IL 60523
Tel: 630.990.9729 • Fax: 630.990.9730

PRE-PROCEDURE INSTRUCTIONS FOR THE PATIENT

- 1 Please be NPO for the procedure (nothing to eat or drink for 6-8 hours before the scheduled procedure time.)
- 2 You may take your physician prescribed medications pre-procedure, with a small amount of water, **EXCEPT for the following blood thinners: Coumadin (Warfarin), Plavix, Aspirin and Lovenox.**
- 3 Please bring a list of all current medications with you to your appointment.
- 4 If you are taking diabetic medications – please call ahead to MakrisMD At Chicago Access Care for specific instructions.
- 5 Please let MakrisMD At Chicago Access Care know ahead of time if you have any known allergies.
- 6 Please bring your insurance cards with you to your appointment.



Detail View of Oak Brook Promenade



From Chicago: I-90/I-94 to I-290 West. (Stay 2 Left Lanes). Exit I-88 West. Continue heading West. Take exit on Highland Ave. Right turn on Highland Ave. Take the ramp onto East Butterfield Road. (1st traffic light). Right turn on Fountain Square Drive.

From the West: I-88 East towards Chicago. Exit Highland Ave. Turn Left on Highland Ave. Take the ramp onto East Butterfield Road. Turn Right on Fountain Square Drive.

From the NorthWest: I-355 South, exit Butterfield Road (Route 56). Turn Left (East) onto Butterfield Road and continue East. Turn Right on Fountain Square Drive.

From the South: Follow I-90/I-94 West to I-290 West. Exit I-88 West. Continue heading West. Take exit on Highland Ave. Right turn on Highland Ave. Take the ramp onto East Butterfield Road. (1st traffic light). Right turn on Fountain Square Drive.

Directions to MakrisMD Vascular Center

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