



**CAROLINA VEIN
SPECIALISTS**

Experienced, compassionate vein care.

**MARK W. FEATHERSTON, MD
BRENT G. GREENBERG, MD**

Phone #: (336) 218-8346

Fax #: (336) 218-0145

REFERRAL PAD

Patient Name: _____

Patient Date of Birth: _____

Referring Physician/Provider: _____

Referring Telephone Number: _____

Contact Person: _____

Office Preference: **Greensboro** (*Featherston available M-F; Greenberg available T, W, F*)
 Winston-Salem (*Greenberg available Monday & Thursday only*)

Provider Preference:

- First Available / No Preference**
- Mark W. Featherston, MD** (*Greensboro only*)
- Brent G. Greenberg, MD** (*Greensboro or Winston-Salem*)

Reason for Referral:

- Consultation**
- Lower Extremity Venous Duplex Exam**

Additional Info: _____

Please send pertinent notes and patient demographics.

*Thank you for your kind referral.
Please rest assured that everyone you send our way
will receive the highest degree of experienced, compassionate care.*

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F: 336.218.0145

carolinavein.com

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