



# Siri Sastri, MD

General Surgeon

6301 Mountain Vista Street Suite 204 Henderson, NV 89014

Phone: (702) 848-7744 Fax: (702) 899-7086

info@viropanasurgery.com

www.ViropanaSurgery.com

**\*\*All procedures are done in the outpatient clinic. Hospitalization is not required.\*\***

## Outpatient Referral Form

### Referring Office Info

Physician Making Referral: \_\_\_\_\_

Date: \_\_\_\_\_

Referral Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

Fax #: \_\_\_\_\_

### Patient Informaton

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_

Phone #: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Insurance #: \_\_\_\_\_

### Patient Referred For: (please check all that apply)

#### List of Procedures:

(option to remove multiple lesions in one clinic setting)

- Excision of skin lesions (lipomas, epidermal cysts, pilar cysts, pilonidal cysts, skin tags)
- Excision and biopsy of superficial breast masses or lymph nodes
- Excision and biopsy of moles or any concerning skin lesions
- Incision and drainage of skin infections (abscess)
- Excision of hidradenitis suppurativa (superficial and localized)
- Management of thrombosed hemorrhoids
- Laceration repair
- Scar revisions
- Excision and prevention of keloids or hypertrophic scars
- Repair of earlobe tears
- Removal of ports (chemotherapy or IV treatment completed signed off by oncologist or PCM)
- Wound debridement and wound care management

#### List of Medical Evaluation/Workup:

- Preop evaluation
- Work/School return to duty
- Workup to assess if requires major surgical treatment ie gallbladder, appendix, hernias
- GERD management possibly prevents the need for endoscopic assessment
- Workup to assess if requires major surgical treatment ie gallbladder, appendix, hernias
- Assessment for peripheral vascular disease and varicose veins

Languages: English, Spanish & Tagalog



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### Wound Care Referral Form

#### Referring Office Info

Physician Making Referral: \_\_\_\_\_

Date: \_\_\_\_\_

Referral Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Office Contact Person: \_\_\_\_\_

Fax #: \_\_\_\_\_

#### Patient Informaton

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_

Phone #: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Insurance #: \_\_\_\_\_

Patient Referred For: (please check all that apply)

#### List of Procedures:

- Diabetic Ulcers
- Venous Stasis Ulcers
- Arterial Insufficiency Ulcers
- Traumatic Wounds
- Post Operative Wounds and Infections
- Hypertrophic Scars or Keloids
- Non-healing Surgical Wounds
- Skin Tears or Lacerations
- Abscesses

#### We offer:

- |   |   |
|---|---|
| <input type="checkbox"/> Debridement        | <input type="checkbox"/> Debridement        |
| <input type="checkbox"/> Specialty Dressing | <input type="checkbox"/> Specialty Dressing |

Please attach the following with your referral:

- |   |  |
|---|--|
| <input type="checkbox"/> Patient Demographics                         | <input type="checkbox"/> History and Physical    |
| <input type="checkbox"/> Most recent chart notes                      | <input type="checkbox"/> Recent Labs and Imaging |
| <input type="checkbox"/> Current Wound Care Treatment (if applicable) |  |

Languages: English, Spanish & Tagalog