

Vascular Anomalies Clinic

Physician Referral Form



**Manning Family
Children's**
LCMC Health

Patient name: _____

Date of birth: _____

Referring MD: _____

To streamline the referral process and allow us to provide the most appropriate clinical consultation, please provide the following information:

- ☐ Updated clinical summary from referring provider, including history, physical findings, and all workup and treatment to date
- ☐ Demographic sheet
- ☐ Copy of all imaging of the affected area. Please obtain CD from the imaging center or have the imaging center share the images through PowerShare. For assistance with PowerShare, please contact William Deets, the PACS administrator, at 504.896.9566 or at william.deets@LCMCHealth.org
- ☐ Radiology reports for each shared scan
- ☐ Operative reports
- ☐ Pathology reports
- ☐ Most recent lab work
- ☐ Genetic testing and evaluation results
- ☐ List of current/recent medications

Contact Information

Manning Family Children's
Center for Cancer and Blood Disorders
Attn: Hope Mercier, RN, Vascular Anomalies Clinic Coordinator
200 Henry Clay Ave.
New Orleans, LA 70118

Phone: 504.896.9740
Fax: 504.896.9758
CH-vascularanomalies@LCMCHealth.org

Once the complete clinical information packet has been received, our team will review your patient's case and contact the family to schedule an appointment in our monthly multidisciplinary clinic. For our team to provide the best clinic experience, the patient will not be scheduled until this supplemental clinical information has been received. Please feel free to contact us with any questions or concerns at **504.896.9740**