Complex Vascular Anomalies Program Checklist

Actions and items we need from you:

- □ Activated MyCHOP account
- □ Completed Intake Packet (will be sent to you via MyCHOP, email, or UPS, weeks to months before the appointment)
- □ Information release authorization/HIPAA form (sections 1, 2 & 8)
- □ Physician referral letter/summary
- □ Completed Welcome Questionnaire (will be sent to you via MyCHOP one week before the appointment)

Previous evaluations:

Standard procedure for our clinic is to obtain all imaging (ultrasounds, MRI, etc.) prior to the patient's being scheduled. Items may include:

Ultrasound imaging disc(s) of affected area & written report

- □ MRI imaging disc(s) of affected area & written report
- □ Any other imaging & written report(s)

Previous interventions

□ Reports of any surgical procedure(s) the patient has had in regards to the vascular anomaly

□ Reports of any interventional radiology procedure(s) the patient has had in regards to the vascular anomaly

When the intake process is complete, forms, discs, and reports can be emailed, faxed or mailed to the below addresses.

If it would be helpful we can send you a prepaid overnight envelope to mail your imaging discs and reports to us. Please let us know.

Please remember to bring any compression garments you have used for the patient to date.

Email: cva@email.chop.edu

Fax: (267) 426-9940

Mail:

Complex Vascular Anomalies Program Attn: Tressa Hobart Abramson Pediatric Research Center 3615 Civic Center Blvd., 14th Fl. Philadelphia, PA 19104



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