

Manshadi Heart Institute
Ramin Manshadi, MD FACC FAHA FACP
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Stockton CA 95204
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www.drmanshadi.com

VNUS closure appointment

Patient: _____

Appointment _____ **arrival time** _____

Procedure approximate time _____

Please note that it is possible that your procedure may not start on time.

You are scheduled for your VNUS closure procedure here in our office at the above date and time. Please be sure to bring your compression stocking to the procedure visit.

If for any reason you are unable to attend please give a 5 to 7 day notice as a special technician is scheduled for your appointment. There is a no show fee of \$100

They will need access to your legs, please bring shorts.

Post Op ultrasound appointment will be on _____ **at** _____

Follow up appointment with Dr Manshadi will be on _____ **at** _____

Dr Manshadi's office