[Date]

[Referring Physician Name]
[Practice Name]
[Address]
[City, State, Zip]

RE: [Patient Name]
DOB: [Patient Date of Birth]

Dear Dr. [Physician Last Name],

I had the pleasure of evaluating [Patient Name] today for an initial vascular surgery consultation regarding vein mapping. This evaluation was requested to assess the patient's venous anatomy for potential [dialysis access / bypass grafting / surgical planning].

Clinical History:
The patient presents with [brief description of condition, e.g., End Stage Renal Disease or Peripheral Artery Disease]. They currently have [mention any existing access or previous surgeries].

Physical Examination:
On examination, the [left/right/bilateral] extremities were inspected. Pulses were [normal/diminished]. There were [no/notable] signs of edema, varicosities, or skin changes. Allen's test was [positive/negative].

Diagnostic Procedure:
Duplex ultrasound vein mapping was performed on the [upper/lower] extremities. The following measurements were noted:

- Cephalic Vein Diameter: [Measurement] mm
- Basilic Vein Diameter: [Measurement] mm
- Brachial/Radial Artery Diameter: [Measurement] mm
- Depth of Vein from Skin: [Measurement] mm
- Patency/Compressibility: [Findings]

Assessment and Plan:
Based on the ultrasound findings and clinical examination, the patient has [adequate/inadequate] venous conduit for [planned procedure]. My recommendation is to proceed with [specific procedure, e.g., Left Radiocephalic AV Fistula creation].

The risks, benefits, and alternatives were discussed with the patient, who wishes to proceed. We have scheduled the procedure for [Date].

Thank you for the opportunity to participate in this patient's care. I will keep you updated on their progress.

Sincerely,

[Your Name, MD/DO]
[Vascular Surgery Practice Name]
[Contact Information]