

1305 Airport Freeway #103
Bedford, TX 76021

3740 N Josey Lane #212
Carrollton, TX 75007

1919 Shiloh Rd #335
Garland, TX 75042

4725 Wellington Street
Greenville, TX 75401

630 N Bishop Ave
Dallas, TX 75208

PLEASE INCLUDE: Face sheet, insurance cards, H&P, medication list, & any results of diagnostic screenings performed.

Today's Date: _____ Status: HIGH PRIORITY STANDARD

Patient's Name: _____ DOB: _____

Phone #: _____ Primary Insurance: _____

Member ID: _____

Referring Physician: _____

Office Phone: _____ Fax: _____

PCP: _____

Office Phone: _____ Fax: _____

Treatment: Vascular Consult: Evaluate & Treat
 Other: _____

DX: _____ DX: _____

DX: _____ DX: _____

Referral Start Date: _____ End Date: _____ # of Visits: _____

Emergency Contact: _____ Phone #: _____

****Do you give Vascular Institute permission to obtain insurance authorization on your behalf if insurance allows?**

YES NO

NPI#: _____

Referring Physician Signature

Date