

HOURS OF OPERATION:
Monday - Friday: 8:00 am - 5:00 pm

****PLEASE FAX CURRENT PATIENT INFO, INSURANCE CARD(S)
MEDICATION LIST, LABS, H&P WITH THIS REFERRAL** FAX: 713-980-7843**

Today's Date: _____ Requested Procedure date: _____

Patient Name: _____ D.O.B.: _____

Patient address below: Patient's Home (NO PO Box) Patient's Nursing Home

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: Patient _____ home / cell / work Nursing Home _____

Vascular Procedure:

- Treatment of Peripheral Arterial Disease (PAD) & Limb Salvage Procedures
- Treatment of venous insufficiency with radiofrequency ablation and ultrasound-guided sclerotherapy
- Treatment of lower extremity DVT with thrombectomy and angioplasty/stenting

Dialysis Access Care

- Diagnostic fistulogram Surgical fistula creation
- Fistulogram with angioplasty/stenting Dialysis catheter services (new placement, exchange, removal)
- Fistula/graft thrombectomy (de clot) Vein mapping
- Fistula maturation procedures Peritoneal dialysis catheter placement

Pain Management and Spine Treatment

- Spinal cord stimulator trial and permanent placement Facet blocks
- Kyphoplasty/vertebroplasty SI joint injection
- Epidural steroid injection

Other Procedures

- Genuiculate artery embolization Ultrasound guided paracentesis
- Uterine fibroid embolization Gastrostomy tube placement and exchange
- Port placement Nephrostomy tube placement and exchange
- Pleurx catheter placement

Additional Patient Medical Information

Referring Center: _____ Phone: _____ Fax: _____

Referring physician: _____

TASC use only Appointment Date/Time: _____ Pickup Time: _____ Confirmed By: _____