TEXAS ADVANCED SURGERY CENTER

Mohammad Ali Saeed, M.D.
Imran Mohiuddin, M.D.
Samer Ghafir, M.D.
6927 Brisbane Ct STE 100
Sugar Land, TX 774

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 and limb salvage procedures with lower extremity angiogram, angioplasty, stenting and atherectomy
☐ 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
☐ Fistulogram with angioplasty/stenting
☐ Fistula/graft thrombectomy (declot)
☐ Fistula maturation procedures
☐ Surgical fistula creation
☐ Dialysis catheter services (new placement, exchange, removal)
☐ Vein mapping
☐ Peritoneal dialysis catheter placement

Pain Management and Spine Treatment

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

Other Procedures

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

Additional Patient Medical Information

_____

_____

Referring Center: _____Phone: _____Fax: _____
Referring physician: _____

TASC use only Appointment Date/Time: _____Pickup Time: _____Confirmed By: _____