



# CARDIOTHORACIC AND VASCULAR SURGEONS

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## Service Requisition Form Williamson County Office

www.ctvstexas.com

### Referring Physician:

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

### Patient Name:

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_



## Referral for Office Consultation

- Cardiac**       W. Chance Conner, M.D.       Hunter Q. Kirkland, M.D.       First Available

### Reason for Referral:

- Coronary Artery Disease       Mitral Valve Disease       Thoracic Aortic Aneurysm  
 Aortic Valve Disease       Atrial Fibrillation  
 Other \_\_\_\_\_

### Thoracic/Pulmonary

### Reason for Referral:

- Lung Nodule/Biopsy       Lung Cancer       Pleural Effusion       Thoracic Tumor  
 Other \_\_\_\_\_

- Vascular**       Bradley A. Boone, M.D.       Ryan S. Turley, M.D.       First Available

### Reason for Referral:

- Carotid Stenosis       Aortic or Other Aneurysm       Mesenteric/Renal Stenosis  
 Thoracic Outlet Syndrome       Peripheral Arterial Disease       Venous Disease  
 Other \_\_\_\_\_

**Doctor's Office: When Completed, Please Fax to 512.459.0586**  
**\*\*\*Patient must contact CTVS to schedule appointment\*\*\***