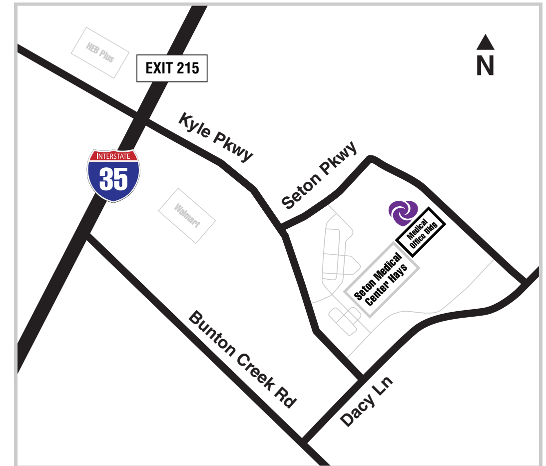
CARDIOTHORACIC AND VASCULAR SURGEONS

1180 Seton Parkway, Suite 250
Kyle, TX 78640
ph 512.651.8420
toll free 866.746.1378
fax 512.459.0586

Service Requisition Form

Hays County Office

www.ctvstexas.com



Referring Physician:

____

Phone (______) __________________ Fax (______) ____________________

Patient Name:

____

Phone (______) _________________ Date of Birth:____________________

SSN: _________ - ________ - ____________

Referral for Office Consultation

☐ Cardiac

Reason for Referral:

☐ Coronary Artery Disease ☐ Mitral Valve Stenosis/Insufficiency ☐ Ascending Aortic Aneurysm

☐ Aortic Valve Stenosis/Insufficiency ☐ Atrial Fibrillation

☐ Other____

☐ Thoracic/Pulmonary

Reason for Referral:

☐ Lung Nodule/Biopsy ☐ Lung Cancer ☐ Pleural Effusion ☐ Hyperhidrosis ☐ Adenopathy

☐ Other____

☐ Vascular

Reason for Referral:

☐ Carotid Stenosis ☐ Aortic or Other Aneurysm ☐ Renal Artery Stenosis

☐ Abnormal Carotid Ultrasound ☐ Peripheral Arterial Disease ☐ Claudication/Leg Ischemia

☐ Other____

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