Cardiothoracic and Vascular Surgeons

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Service Requisition Form

Referring Physician: _____

Phone _____ Fax: _____

Patient Name: _____

Phone _____ Date of Birth: _____

MD Signature Required: _____

Referral for Office Consultation

Cardiothoracic

- ❑ Stephen J. Dewan, M.D.
- ❑ Mark C. Felger, M.D.
- ❑ William F. Kessler, M.D.
- ❑ Hunter Q. Kirkland, M.D.
- ❑ Faraz Kerendi, M.D.
- ❑ Eric M. Hoenicke, M.D.
- ❑ Brannon R. Hyde, M.D.
- ❑ W. Chance Conner, M.D.
- ❑ Jonathan A. Yang, M.D.
- ❑ Jeffrey D. McNeil, M.D.
- ❑ Robert C. Neely, M.D.
- ❑ Brendan P. Dewan, M.D.
- ❑ First Available

Reason for Referral:

- ❑ Coronary Artery Disease
- ❑ Mitral Valve Disease
- ❑ Ascending Aortic Aneurysm
- ❑ Aortic Valve Disease
- ❑ Atrial Fibrillation
- ❑ Other _____

Thoracic/Pulmonary ❑ Rachel L. Medbery, M.D

Reason for Referral:

- ❑ Lung Nodule/Biopsy
- ❑ Lung Cancer
- ❑ Pleural Effusion
- ❑ Hyperhidrosis
- ❑ Mediastinal Mass
- ❑ Hiatal Hernia
- ❑ Dysphasia/Achalasia
- ❑ Esophageal Cancer
- ❑ Diaphragm Paralysis
- ❑ Chest Wall Deformity/Pectus
- ❑ Other _____

Vascular

- ❑ Phillip J. Church, M.D.
- ❑ John K. Politz, M.D.
- ❑ Jeffrey S. Jobe, M.D.
- ❑ Stephen M. Settle, M.D.
- ❑ Joe K. Wells III, M.D.
- ❑ Scott A. Seidel, M.D.
- ❑ Jeffrey M. Apple, M.D.
- ❑ Mazin I. Foteh, M.D.
- ❑ Bradley A. Boone, M.D.
- ❑ David A. Nation, M.D.
- ❑ Ryan S. Turley, M.D.
- ❑ Taylor A. Smith, M.D.
- ❑ First Available

Reason for Referral:

- ❑ Carotid Stenosis
- ❑ Peripheral Vascular Disease
- ❑ Renal Artery Stenosis
- ❑ Venous Disease
- ❑ Abnormal Carotid Ultrasound
- ❑ Claudication/Leg Ischemia
- ❑ Establish or Evaluate Dialysis Access
- ❑ Aortic or Other Aneurysm
- ❑ Spine Exposure
- ❑ Mesenteric Ischemia
- ❑ Other _____

Request for Vascular Studies Vascular Lab Accredited by ACR

**This form is intended to facilitate the care of your patients with vascular needs. If a non-invasive vascular study is all that is required, it will be read by the first available physician to expedite the results.*

Clinical Diagnosis _____

Arterial

- ❑ Carotid Ultrasound
- ❑ Lower Extremity Arterial Duplex
- ❑ Aortic Aneurysm Ultrasound
- ❑ Ankle-Brachial Indices (ABI)
- ❑ Other _____

Venous/Other

- ❑ Upper Extremity
- ❑ Lower Extremity
- ❑ Dialysis Access Evaluation
- ❑ Other _____

When Completed, Please Fax to 512.459.0586