Cardiothoracic and Vascular Surgeons

Service Requisition Form

1010 West 40th Street
Austin, TX 78756
ph 512.459.8753
fax 866.591.1084

3201 South Austin Ave.
Suite 255
Georgetown, TX 78626
ph 512.501.4287
toll free 866.703.6681
fax 866.591.1084

930 Kohlers Crossing
Ste. 650
Kyle, TX 78640
ph 512.651.8420
toll free 866.746.1378
fax 866.591.1084

www.ctvstexas.com

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.
- ❑ 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

Surgical Evaluation for:

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

Thoracic/Pulmonary

❑ Rachel L. Medbery, M.D ❑ Matthew A. Gaudet, M.D. ❑ First Available

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.
- ❑ Stephen M. Settle, M.D.
- ❑ Joe K. Wells, M.D.
- ❑ Scott A. Seidel, M.D.
- ❑ Jeffrey M. Apple, M.D.
- ❑ Bradley A. Boone, M.D.
- ❑ David A. Nation, M.D.
- ❑ Ryan S. Turley, M.D.
- ❑ Taylor A. Smith, M.D.
- ❑ Nicolas Zea, M.D.
- ❑ First Available

Reason for Referral:

- ❑ Carotid Stenosis
- ❑ Peripheral Arterial 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
- ❑ Thoracic Outlet Syndrome
- ❑ Non-Healing Wounds
- ❑ 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 866.591.1084