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### Provider Referral Request Form

Referral Coordinator  
Direct Phone: 972-338-9974

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company: \_\_\_\_\_ ID / Policy #: \_\_\_\_\_ Group: \_\_\_\_\_

#### REASON FOR REFERRAL

- Varicose Veins / Chronic Venous Insufficiency
- Chronic / Recurrent Lower Extremity Edema
- Superficial Phlebitis
- Venous Ulceration
- Restless Leg Syndrome
- Dermatitis / Lipodermatosclerosis
- Bleeding from a vein (phleborrhagia)
- Lower Extremity Swelling
- DVT Screening

#### EMBOLIZATION

- Genicular Artery Embolization
- Varicocele

#### ANGIOPLASTY AND STENTING

- May Thurner Syndrome
- Peripheral Arterial Disease (PAD)
- Arterial (PAD Evaluation)

#### SPINE HEALTH - VERTEBRAL AUGMENTATION

- Lumbar Fracture

#### WOMEN'S HEALTH

- Pelvic Congestion Syndrome
- Uterine Fibroids
- Pelvic Pain
- Heavy Menstrual Bleeding

#### PAIN MANAGEMENT

- ESI
- Facet
- Level(s) \_\_\_\_\_

Additional History (including previous lab studies / ultrasound / imaging – if applicable):

\_\_\_\_\_

Have prescription strength (>20 mmHg) graduated compression stockings been issued / prescribed?  YES  NO

### Referring Provider Information:

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ NPI: \_\_\_\_\_

**Dr. Dev Batra** is a highly-trained endovascular specialist that has devoted his expertise to treating problem veins with minimally invasive techniques. When you choose **Dallas Vein Institute** or **Texas Vascular Institute**, you choose compassionate care that puts patients first.

