



TEXAS
VASCULAR
INSTITUTE™

Get your Legs Back. Get your Life Back.

	LOCATIONS:		PHONE: 972-646-8346
DALLAS:	8330 Meadow Rd # 100 Dallas, TX 75231		FAX: 972-597-4880
PLANO:	4716 Alliance Blvd Suite 180 Plano, TX 75093		REFERRAL COORDINATOR: 972-338-9974
HURST:	809 W. Harwood Rd Suite 101 Hurst, TX 76054		TEXASVASCULAR.COM

PROVIDER REFERRAL REQUEST FORM

NPI# 1508083478 Group NPI# 1467988311

Our medical providers are highly trained endovascular specialists who devoted to treating vascular and arterial problems with minimally invasive techniques. When you choose Texas Vascular Institute, you choose compassionate care that puts patients first.

PATIENT INFORMATION - INCLUDE DEMOGRAPHIC SHEET, INSURANCE INFORMATION:

Patient Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Insurance Company: _____ ID / Policy #: _____ Group: _____

VASCULAR: VEINS, ARTERIES AND WOUNDS

- | | | |
|---|---|--|
| <input type="checkbox"/> Venous Disease | <input type="checkbox"/> Arterial Disease | <input type="checkbox"/> Leg Wounds / Ulcers |
| <input type="checkbox"/> Leg Swelling | <input type="checkbox"/> Leg Pain | <input type="checkbox"/> Diabetic Vascular Screening |

STAT REFERRAL:

**Please call for
immediate scheduling.**

VEINS

- ☐ 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
- ☐ STAT DVT Study
- ☐ May Turner Syndrome

ARTERIAL

- ☐ Peripheral Arterial Disease (PAD)
- ☐ Arterial (PAD Evaluation)
- ☐ Ankle/brachial index (ABI/TBI exam)

EMBOLIZATION

- ☐ Genicular Artery Embolization (Knee Pain)
- ☐ Varicocele Embolization
- ☐ Plantar Fasciitis Embolization
- ☐ Uterine Fibroid Embolization
- ☐ Hemorrhoid Artery Embolization

WOMEN'S HEALTH

- ☐ Pelvic Congestion Syndrome
- ☐ Pelvic Pain
- ☐ Heavy Menstrual Bleeding

REFERRING PROVIDER INFORMATION:

Provider Name: _____

Address: _____

Phone: _____ Fax: _____

DALLAS'S ONLY ACCREDITED VEIN CENTER



**SCAN FOR
IMMEDIATE
SCHEDULING**

