



# Service Requisition Form

## Hays County Office

www.ctvstexas.com

**Referring Physician:**

\_\_\_\_\_

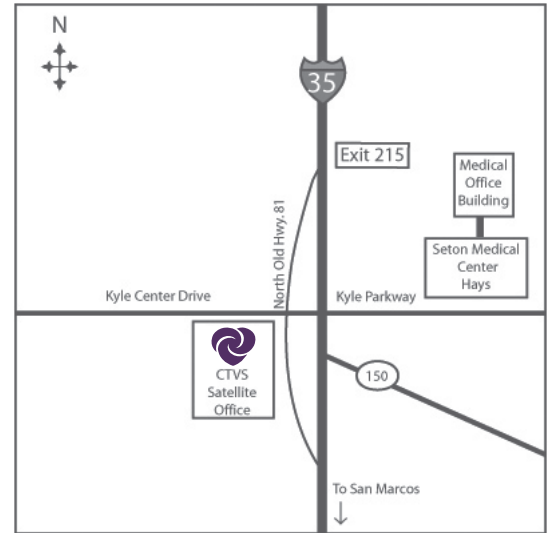
Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

**Patient Name:**

\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



## Referral for Office Consultation

**Cardiac**

John D. Oswalt, M.D.

Mark C. Felger, M.D.

Faraz Kerendi, M.D.

Stephen J. Dewan, M.D.

William F. Kessler, M.D.

Eric M. Hoenicke, M.D.

Michael C. Mueller, M.D.

Hunter Q. Kirkland, M.D.

Brian Lima, M.D.

**Reason for Referral:**

Brannon R. Hyde, M.D.

- Coronary Artery Disease
- Aortic Valve Stenosis/Insufficiency
- Other \_\_\_\_\_
- Mitral Valve Stenosis/Insufficiency
- Atrial Fibrillation
- Ascending Aortic Aneurysm

**Thoracic/Pulmonary**

**Reason for Referral:**

- Lung Nodule/Biopsy
- Lung Cancer
- Other \_\_\_\_\_
- Pleural Effusion
- Hyperhidrosis
- Adenopathy

**Vascular**

Phillip J. Church, M.D.

Jeffrey S. Jobe, M.D.

Mazin I. Foteh, M.D.

Stephen M. Settle, M.D.

Scott A. Seidel, M.D.

**Reason for Referral:**

- Carotid Stenosis
- Abnormal Carotid Ultrasound
- Other \_\_\_\_\_
- Aortic or Other Aneurysm
- Peripheral Arterial Disease
- Renal Artery Stenosis
- Claudication/Leg Ischemia

**Doctor's Office: When Completed, Please Fax to 512.459.0586**

**\*\*\*Patient must contact CTVS to schedule appointment\*\*\***