

# Cardiothoracic and Vascular Surgeons



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

Referring Physician \_\_\_\_\_

Referral for office visit with the following cardiothoracic surgeon:

- |   |   |
|---|---|
| <input type="checkbox"/> John D. Oswalt, M.D.     | <input type="checkbox"/> William F. Kessler, M.D. |
| <input type="checkbox"/> Stephen J. Dewan, M.D.   | <input type="checkbox"/> Hunter Q. Kirkland, M.D. |
| <input type="checkbox"/> Michael C. Mueller, M.D. | <input type="checkbox"/> Faraz Kerendi, M.D.      |
| <input type="checkbox"/> Andrew T. Hume, M.D.     | <input type="checkbox"/> Eric M. Hoenicke, M.D.   |
| <input type="checkbox"/> Mark C. Felger, M.D.     | <input type="checkbox"/> First Available          |

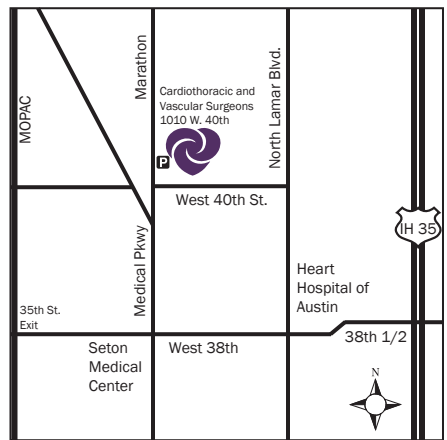
*Reason for Referral:*

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