

# Cardiac & Vascular Center of North Texas

## Referral Form

1924 Forest Ridge Drive | Bedford, TX 76021 | P: 817-545-4550 | Fax: 817-571-0804 | www.cvcnt.com

Referring Doctor/Provider: \_\_\_\_\_

Date: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Priority:  Same Day (please call office to expedite appt.)

24 Hours

48 Hours

Next Available

Reason for Consult: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Patient Number: \_\_\_\_\_

Preferred Language:  English  Spanish  Vietnamese  Other: \_\_\_\_\_

### Physician:

First Available

Michael Duran, M.D.

David Eisen, M.D.

Neeraj Badhey, M.D.

Sam Nussbaumer, M.D.

Srinivas Paranandi, M.D.

Tu K. Le, M.D.

### Service Requested:

Cardiology Evaluation

PVD Evaluation

Pre-op Evaluation

Treadmill Stress Test

Nuclear Stress Test

Abdominal Aorta Ultrasound

Carotid Ultrasound

Segmental Pressures / ABI

Cardiac Catherization

Echocardiogram

Transesophageal Echocardiogram

Stress Echocardiogram

Holter / Event Monitor

Pacemaker / ICD

Lower Extremity Arterial Ultrasound

Lower Extremity Venous Ultrasound

Please fax form to 817-571-0804

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