

FAX TO: (855) 312-3594

Phone: (918) 943-5303

info@tulsacardiovascularcenter.com

1. URGENCY OF REFERRAL — CHECK ONE

- ☐ **ROUTINE** — patient seen within 2–4 weeks
- ☐ **URGENT** — patient seen same day to 2 business days

For acute limb ischemia (cold, painful, pale, or pulseless leg) or a clotted dialysis access, please call (918) 943-5303 directly.

2. REASON FOR REFERRAL

- | | |
|---|---|
| ☐ PAD / claudication | ☐ Palpitations / AFib, dizziness, or syncope |
| ☐ CLTI: wound, ulcer, or gangrene | ☐ Device evaluation (pacemaker / ICD / loop) |
| ☐ Diabetic foot ulcer | ☐ Coronary disease / chest pain |
| ☐ Dialysis access — failing or clotted | ☐ Carotid disease / TIA |
| ☐ Venous disease, DVT, or leg swelling | ☐ Renal artery / resistant hypertension |

CLINICAL NOTE / SPECIFIC QUESTION

3. PATIENT INFORMATION

PATIENT NAME (LAST, FIRST)

DATE OF BIRTH

PHONE

INSURANCE / PLAN

MEMBER ID

4. REFERRING PROVIDER

REFERRING PROVIDER NAME

NPI

PRACTICE / CLINIC

PHONE

PREFERRED CONTACT FOR RESULTS (FAX / PHONE)

5. PLEASE INCLUDE WITH THIS REFERRAL

REQUIRED WITH EVERY REFERRAL

- ☐ **Copy of insurance card — front and back**
- ☐ **Patient demographics / face sheet**

ALSO HELPFUL, IF AVAILABLE

- | | |
|--|---|
| ☐ Current medication list — note antiplatelet / anticoagulant | ☐ Prior vascular imaging: ABI/TBI, duplex, CTA or MRA |
| ☐ Recent labs: CBC, CMP/BMP, HbA1c; eGFR or creatinine | ☐ Procedural / surgical history (stents, bypass, access) |
| ☐ If heart failure: prior echocardiogram report (and BNP) | ☐ Wound photos — limb salvage, diabetic foot, venous ulcer |

Send what you have — missing records will not delay scheduling. We obtain the rest.

We schedule quickly. Urgent limb and dialysis-access cases are prioritized.

This form contains protected health information. Fax only to the number above. If received in error, please notify our office and destroy the document.

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