



Comprehensive Vascular Care & Surgery
Lower Extremity Specialist

FAX: (469) 320-1268
vint@tlcvascular.com
NPI: 1265085229

PLEASE INCLUDE: Face sheet, insurance cards, H&P, medication list, and results of any diagnostic screenings.

DOB: ____/____/____

Today's Date: ____/____/____

Patient's Name: _____

Phone: _____

URGENT (Within 1-Week)

Emergency Contact: _____

Phone: _____

ROUTINE (Within 2-Weeks)

Primary Insurance: _____

Member ID: _____

TREATMENT: Vascular Consult: Evaluate & Treat Other: _____

DX: _____

DX: _____

DX: _____

DX: _____

DX: _____

DX: _____

ALLERGIES (Incl contrast allergies): _____

RX: Blood Thinners Coumadin Plavix Eliquis Aspirin Other: _____

Diabetic If Diabetic Insulin Type: _____

REFERRING PROVIDER

PRIMARY CARE PHYSICIAN

Name: _____

NPI: _____

Name: _____

NPI: _____

Phone: _____

FAX: _____

Phone: _____

FAX: _____

REFERRING PROVIDER AUTHORIZATION

If a patient comes in with undressed or weeping wound, it is okay to compress and/or dress during consultation if needed.
Vascular Institute has permission to obtain insurance authorization on my behalf.

Referring Provider's Signature: _____

Date: ____/____/____

TLC Life and Health

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