Precision Vascular Dallas Arlington Mesquite Craig Ranch 12400 Coit Rd. 400 W. Arbrook Blvd. 3400 I-30 Frontage Rd. 8080 State Hwy. 121 Suite 320 Suite 180 Suite 200 VEINS + ARTERIES Suite 505 There are four ways to refer a patient: PLEASE BE SURE TO INCLUDE: Ø Email form to: referral@stridecare.com ✓ Demographic Sheet ✓ Insurance Information Submit digital form online: PrecisionVascular.com/referral ✓ History, Physical & Recent Progress Note e Fax form to: 214-382-3201 ✓ Prior Test Results (including ABI report if available) <u>[∳</u>] Submit in your EMR system

(1)	Patient Information		
	Name:	DOB:	
	Phone:	Email:	

(2)	Reason for Referral (please check all that apply)			
	O Arterial Disease	O Leg Swelling	O Chronic Pelvic Pain	
	O Venous Disease	O Lower Extremity Wound/Gangrene	O Vertebroplasty/Kyphoplasty	
	O Diabetic Vascular Screening	O Critical Limb Ischemia	O Uterine Fibroid Embolization	
	O Leg Pain	O DVT Evaluation/Management	O IVC Filter Placement/Removal	
	O Leg Claudication	O Varicocele Embolization	O Other:	
	Is this a STAT issue (DVT, Critical Limb Ischemia, Lower Extremity Wound/Gangrene)? If so, please call us at 214-382-3201 for immediate scheduling.			

(3)	Patient's Preferred Location			
	0	Dallas	12400 Coit Road, Suite 505, Dallas, Texas 75251	
	0	Arlington	400 W Arbrook Boulevard, Suite 320, Arlington, Texas 76014	
	0	Mesquite	3400 I-30 Frontage Road, Suite 180, Mesquite, Texas 75150	
	0	Craig Ranch	8080 State Hwy 121, Suite 200, McKinney, Texas 75070	

(4)	Ordering Physician Information		
	Physician Name:	Clinic Phone:	
	Office Contact Name:	Clinic Fax:	