

1305 Airport Freeway #103
Bedford, TX 76021

3740 N Josey Lane #212
Carrollton, TX 75007

1919 Shiloh Rd #335
Garland, TX 75042

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

Today's Date: _____ Status: HIGH PRIORITY STANDARD

Patient's Name: _____ DOB: _____

Phone #: _____ Primary Insurance: _____

Referring Physician: _____

Office Phone: _____ Office Fax: _____

Treatment: Vascular Consult: Evaluate & Treat
 Other: _____

Indications: Pain Ulceration Open Sore Discoloration
 Swelling Gangrene Drainage Other: _____

ALLERGIES (including contrast allergies):

Blood Thinners: Coumadin Aspirin Plavix Eliquis

Diabetic? NO YES - Insulin Type: _____

Emergency Contact: _____ Phone #: _____

Need Transportation? YES NO

Referring MD/DPM Signature

Date