



Patient Referral Form

Name: _____ Sex: Male Female

Contact #: _____ Email: _____

DOB: ____/____/____

Primary Cardiologist: _____ Phone number: _____

Preferred TMC Hospital: St. Luke's Houston Methodist HCA Medical Center

Reason for Referral

- Acute decompensated congestive heart failure / Mechanical Circulatory Support
- Aortic stenosis / Transcatheter aortic valve replacement (TAVR)
- Advanced Heart Failure / Left ventricular assist device (LVAD) / Transplantation
- Mitral valve disease / Balloon mitral valvuloplasty / Transcatheter mitral valve repair
- Atrial septal defect (ASD) / Patent foramen ovale (PFO)
- Carotid stenosis / Carotid artery stenting
- Peripheral vascular disease (PVD) interventions: Venous Arterial
- Coronary interventions, including "Protected PCI" and chronic total occlusions (CTO)
- Cardiovascular co-management for patient undergoing surgery

Urgency: As soon as possible (same / next day)
 Routine (within two weeks)

Se habla Español.

Our office will contact your patient with an appointment. Please fax this form along with the patient's face sheet and any available diagnostic testing records to: (832) 900-4927

Thank you for your referral.