



**TEXAS HEART AND
VASCULAR SPECIALISTS, PA**

Joggy K George, MDFACC/FSCAI
Samar S Sheth, MDFACC/FSCAI
Salman J. Bandeali, MDFACC
Jorge M Escobar, MDFACC
Michael J. McArdle, MDFACC

Patient Referral Form

Name: _____ Sex: Male Female

Contact #: _____ Email: _____

DOB: ____/____/____

Referring Physician: _____ Phone number: _____

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

Physician: Bandeali Escobar George McArdle Sheth First Available

Reason for Referral

- Abnormal EKG Cardiac Clearance Claudication / Suspected PVD
 Chest Pain High Cholesterol High Blood Pressure
 Shortness of Breath Cardiac Screening Other: _____

Procedure(s) Requested

- EKG Treadmill Stress Testing Echocardiography
 Carotid Ultrasound Aortic Aneurysm Screening Nuclear Stress Testing
 Peripheral Vascular Disease (PVD) Evaluation (Arterial / Venous)

Referring Physician _____ Phone number: _____

- 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 insurance card (if available) to: (832) 900-4927

Thank you for your referral.