



# Precision

## Vascular & Interventional

part of  StrideCare

**Patient Name**

**Date of Birth**

**Patient Email**

**Patient Phone**

### Reason for Referral (check all that apply)

Arterial Disease

Venous Disease

Diabetic Vascular Screening

Leg Pain

Leg Claudication

Leg Swelling

Varicocele Embolization

Chronic Pelvic Pain

Vertebroplasty/Kyphoplasty

Uterine Fibroid Embolization

IVC Filter Placement/Removal

Other: \_\_\_\_\_

#### STAT ISSUES:

Lower Extremity Wound/Gangrene

Critical Limb Ischemia

DVT Evaluation/Management

### Preferred Location (leave blank if unsure)

**DALLAS:** 12400 Coit Road, Suite 505 | Dallas, Texas 75251

**ARLINGTON:** 400 W Arbrook Boulevard, Suite 320 | Arlington, Texas 76014

**MESQUITE:** 3400 Interstate Hwy 30, Suite 180 | Mesquite, Texas 75150

**CRAIG RANCH:** 8080 State Hwy 121, Suite 200 | McKinney, Texas 75070

**Referring Doctor**

**Doctor Phone**

**Office Contact**

**Office Fax**

### Easy Referral Process

There are four ways you can refer a patient:



Email form to: [referral@stridecare.com](mailto:referral@stridecare.com)



Submit digital form online: [PrecisionVIR.com/referral](https://PrecisionVIR.com/referral)



Scan form and fax to: **214-382-3201**



Submit through your EMR system

#### PLEASE INCLUDE:

- ✓ Demographics
- ✓ Insurance information
- ✓ History, physical and most recent note
- ✓ Prior test results, including ABI report (if available)