



N.B: All Commercial and Medicare Insurance plans are accepted.

Date: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Dr. Gregory Messner, DO - Cardiothoracic, Vascular and Endovascular Surgery

- Angio Suite: 4708 Dexter Dr, Suite 300A, Plano, TX 75093
- 3600 Conflans Rd. Ste.103 Irving, TX 75061
- 630 N Bishop Ave, Dallas, TX 75028

**APPOINTMENT REQUESTED AS INDICATED BELOW:**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Patient's Cellphone Number: \_\_\_\_\_ Patient's Work Phone Number: \_\_\_\_\_

Reason for Consultation: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**PATIENT INSURANCE INFORMATION (IF APPLICABLE)**

Insurance carrier: \_\_\_\_\_ Insurance plan: \_\_\_\_\_ Contact number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group number: \_\_\_\_\_

**PATIENT REFERRAL FORM**

Evaluate & Treat (Please put a check mark [✓] beside each):

- Leg Pain     Peripheral Artery Disease (PAD)     Spider Veins     Varicose Veins
- Other \_\_\_\_\_

ABI Screening

**CONDITIONS TREATED AT MESSNER VASCULAR INSTITUTE**

(Please put a check mark [✓] beside each)

- Arterial Revascularization     Vascular Diseases     Venous Revascularization
- Venous Ablation     Venous Disorders

**PLEASE FAX THE FOLLOWING INFORMATION WITH THIS REFERRAL FORM**

- ➔ Patient's demographic/insurance information/copy of driver's license and insurance card
- ➔ Last visit note/Updated history and Physician report/SOAP notes
- ➔ Pertinent Lab results
- ➔ Special Instructions

Dr. Greg Messner's office will schedule the appointment directly with the Patient. The appointment information will be faxed to you, as the referring physician, to the following:

Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

**OFFICE USE ONLY:**

Patient Appointment Scheduled with Dr. Messner

Patient Appointment Date: \_\_\_\_\_ Patient Appointment Time: \_\_\_\_\_