



Please fax recent clinic notes, imaging, testing, and procedures

Phone: 713-242-1139 Fax: 713-242-1139

Patient Name: _____ Patient Phone: _____

DOB: _____

Referring Physician Name: _____

Referring Physician Signature: _____

Office Phone: _____ Office Fax: _____

Diagnosis: _____

Evaluation & Treatment of:

- Knee Arthritis/Pain**
- Hip Arthritis/Pain**
- Non-healing Leg Ulcer/Wound**
- Leg Swelling**
- Spinal Compression Fracture**
- Peripheral Neuropathy**
- Varicose Veins**
- Vein Disease/Reflux**
- Deep Venous Thrombosis**
- Port**
- Varicocele**
- Pelvic Venous Congestion**
- Pelvic Pain**