

PATIENT REFERRAL FORM

Information in **RED** is Required

Date

Patient Name

Patient Phone #

DOB

Gender M F

Referring Physician Name

Referring Physician Phone #

Please Specify Fax # NIRP should Fax Reports to

PCP Name

PCP Phone #

Referring Physician Signature

REASON FOR REFERRAL

Peripheral Arterial Disease (PAD)

Indication (please select all that apply)	ICD-10
<input type="checkbox"/> Wound/Ulcer = STAT	-----
<input type="checkbox"/> Peripheral Vascular Disease	I73.9
<input type="checkbox"/> Pain in Right Leg	M79.604
<input type="checkbox"/> Pain in Left Leg	M79.605
<input type="checkbox"/> Pain in Right Foot	M79.671
<input type="checkbox"/> Pain in Left Foot	M79.672
<input type="checkbox"/> Pain in Unspecified Limb	M79.609
<input type="checkbox"/> Type 2 Diabetes with Peripheral Angiopathy, without Gangrene	E11.51
<input type="checkbox"/> Type 2 Diabetes with Peripheral Angiopathy, with Gangrene	E11.52
<input type="checkbox"/> Type 2 Diabetes with other Circulatory Problems	E11.59
<input type="checkbox"/> Type 2 Diabetes Mellitus with Foot Ulcer	E11.621
<input type="checkbox"/> Other (Please Specify)	-----

Please Also Send:

1. Demographics
2. Clinical Notes
3. Imaging Results
4. Recent Labs
5. Copy of Insurance Card & ID

SELECT LOCATION

NIRP Sugar Land
7616 Branford Pl
Ste 140
Sugar Land, TX 77479

NIRP Pasadena
3412 Burke Rd
Ste 100
Pasadena, TX 77504

NIRP Beaumont
755 S 11th St
Ste 100A
Beaumont, TX 77701

NIRP Katy
23510 Kingsland Blvd
Ste 100
Katy, TX 77494

NIRP Houston - South
10023 Main St
Ste C-10
Houston, TX 77025

NIRP Houston - North
427 W 20th St
Ste 300
Houston, TX 77008

NIRP Victoria
1908 N Laurent St
Ste 120
Victoria, TX 77901

NIRP Corpus Christi
7101 S Staples St
Ste 101
Corpus Christi, TX 78413