



# Russell C. Lam MD PA

## Main/Dallas Office

8210 Walnut Hill Lane Professional Building I Suite 505 Dallas, Texas 75231

## Arlington Office (Dr. Mihindu)

902 West Randol Mill Rd | Suite 200 | Arlington, Texas 76012

## Rockwall Office (Dr. Duran)

4450 Tubbs Rd | Rockwall, Texas 75032

## Sunnyvale Office (Dr. Duran)

220 S Collins Rd | Sunnyvale, Texas 75182

Phone 214.345.4160 | Fax 214.345.4165

## Referral Request

Please complete the following and return along with records via

Fax 214-345-4165 or 214-345-4441

- Russell Lam MD, NPI # 1013122381
- Cassidy Duran, MD NPI # 1003044322
- Andres Katz, MD NPI 1851313381
- Eric Chang-Tung MD NPI 1891748588
- Esther Mihindu DO NPI 1104116136

Schedule next available

Immediate attention

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### Clinic secure electronic address or email address:

*(we will send the visit note and diagnostic testing performed to you electronically if this is provided)*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell / Home Phone : \_\_\_\_\_ Email: \_\_\_\_\_

Insurance: \_\_\_\_\_

**If patient has an HMO, a referral is required. Please complete and fax referral as we will not be able to schedule the patient until a referral is received.**

### Reason for visit

- PAD
- Non Healing wounds
- Swelling /Edema/ Lymphedema – Upper Extremity / Lower Extremity
- Varicose Veins /Spider Veins /Venous Insufficiency
- DVT
- AAA
- Carotid Stenosis
- Other \_\_\_\_\_

### Please provide the following

- Demographic information
- Most Recent Office Note
- Medication List
- Most Recent Lab work
- Any U/S, CT, MRI's & EKG (if AAA will need CD of CTA diagnosing AAA)

Thank you for the opportunity to participate in the care of your patient