



Center for Vascular and Interventional Radiology
Office Phone: (704) 924-7808
Office Fax: (704) 761-6986
Shiv S. Patel, M.D.

NEW PATIENT CONSULT-REFERRAL FORM

Thank for your referral!

Please fax this form, any pertinent labs, notes, and imaging reports as well as a copy of the patient's insurance card(s) to: (704) 761-6986.

Please do not hesitate to call our office at (704) 924-7808 with any questions or concerns.

PATIENT NAME (required): _____

PATIENT DATE OF BIRTH (required): _____

PATIENT EMAIL (optional): _____

PATIENT PHONE NUMBER (required): _____

ADDITIONAL COMMENTS AND REASON FOR CONSULT-REFERRAL (required):

REFERRING PROVIDER NAME (required): _____

REFERRING PROVIDER FAX NUMBER (required): _____

PATIENT PRIMARY CARE PROVIDER (required): _____