



PATIENT INFORMATION

Date: _____

Patient Name: _____

Patient DOB: (MM/DD/YY): _____ Female Male

Patient Phone Number: _____

Referring Doctor Information:

Referring Doctor Name: _____

Phone: _____ Fax: _____

Referring Doctor Email: _____

Reason for Consult: _____

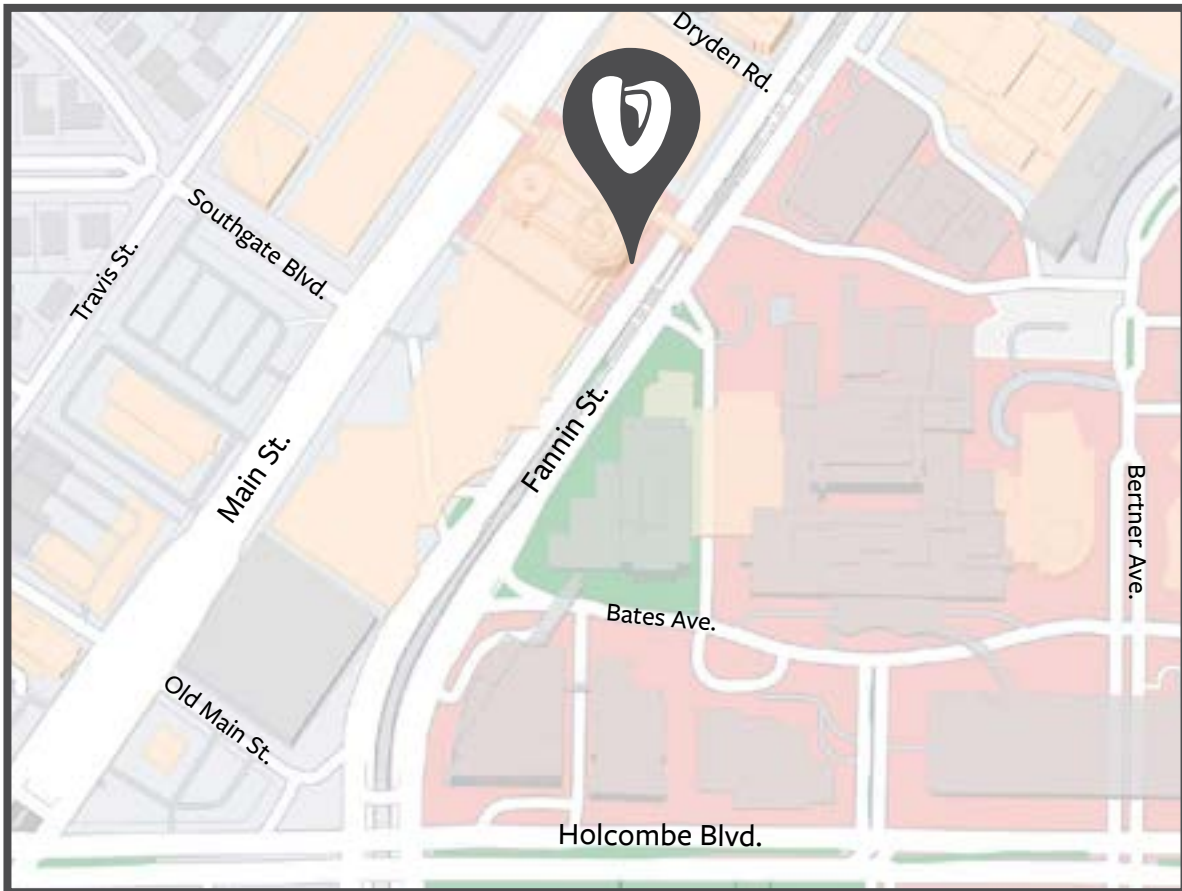
MEET OUR DOCTORS

- | | |
|--|---|
| <input type="checkbox"/> Paolo Angelini, MD
<i>Interventional Cardiology</i> | <input type="checkbox"/> Zvonimir Krajcer, MD
<i>Interventional Cardiology/Endovascular Repair</i> |
| <input type="checkbox"/> Briana Costello, MD, FSCAI
<i>General & Interventional Cardiology</i> | <input type="checkbox"/> D. Richard Leachman, MD
<i>General Cardiology</i> |
| <input type="checkbox"/> Stephanie Coulter, MD
<i>General Cardiology & Echocardiography</i> | <input type="checkbox"/> James J. Livesay, MD, FACS
<i>Cardiovascular Surgery</i> |
| <input type="checkbox"/> Jennifer R. Cozart, MD, FACS
<i>Cardiovascular Surgery/Endovascular Repair</i> | <input type="checkbox"/> Alberto Lopez, MD
<i>General Cardiology/Electrophysiology</i> |
| <input type="checkbox"/> Nikolaos Diakos, MD, PhD
<i>Interventional Cardiology/Heart Failure</i> | <input type="checkbox"/> Emerson Perin, MD, PhD
<i>General & Interventional Cardiology</i> |
| <input type="checkbox"/> Jorge Escobar, MD
<i>General & Interventional Cardiology</i> | <input type="checkbox"/> Alexander Postalain, MD, FSCAI
<i>General & Interventional Cardiology</i> |
| <input type="checkbox"/> R. David Fish, MD
<i>General & Interventional Cardiology</i> | <input type="checkbox"/> Joseph G. Rogers, MD
<i>General Cardiology/Heart Failure</i> |
| <input type="checkbox"/> Charles H. Hallman, MD, FACS
<i>Cardiovascular Surgery</i> | <input type="checkbox"/> First Available |
| <input type="checkbox"/> Eduardo Hernandez, MD
<i>General & Interventional Cardiology</i> | |



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