



FLINT

## TAVR CLINIC REFERRAL

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TAVR CLINIC COORDINATORS

Phone: (810) 342-2590 | Fax: (810) 342-2591

Patient Diagnosis: \_\_\_\_\_

### Patient Demographics

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

Patient Address: \_\_\_\_\_

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

Patient Phone Number: \_\_\_\_\_

### Tests Completed

- Heart Catheterization
- Echocardiogram
- Carotid Ultrasound
- PFT
- Lab work completed within 30 days

***When we receive your patient, we will FAX you their appointment date and time.***

### McLaren Flint TAVR Clinic Appointment

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_