



Permian Internal Medicine Associates

403 Pittsburg Avenue | Odessa, Texas 79761

Phone: (432) 332-3400 | Fax: (432) 332-6500

Referred by: _____

Date: _____

Demographics:

Patient Name: _____

DOB: _____

Patient Insurance: _____

Please evaluate and treat:

- DM
- HTN
- High Cholesterol
- Pre-OP Clearance
- Annual Executive Physical
- Primary Care
- Abdomen/Liver Problem
- Abnormal EKG
- Abnormal Thyroid Function
- Sleep Apnea (please attach Mallampati Score and Sleep Questionnaire)
- Asthma/COPD
- Chest Pain
- Other Diagnosis: _____

Please schedule and send back report:

- EKG (pre-op, HTN, CP, and palpitations)
- Stress Test (abnormal EKG, CP, CAD, and CHF)
- Sleep Study (Sleep Apnea, fatigue, and snoring)
- Pulmonary Function Test (COPD, asthma, and SOB)
- 24 Hour Holter Monitor (palpitations, dizziness, and syncope)
- 24 Hour Ambulatory Function Test (labile HTN, White Coat Syndrome, and uncontrolled HTN)
- Continuous Blood Sugar Monitoring (uncontrolled DM, hypoglycemia, and pregnant insulin dependent DM)
- Ankle Brachial Index (intermittent claudication and PVD)

We kindly thank you for this referral!

Signature of Referring Provider

Please fax patient demographics, labs, insurance information and PCP referral if required.