



McLaren Flint TAVR Clinic Referral

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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: _____