



## VASCULAR & FIBROID CENTER



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

# of Pages Faxed: \_\_\_\_\_

**Dr. Phillip Zeni**  
Vascular Interventionalist

**Dr. Jacqueline Majors**  
Vascular Surgery

**First Available**

### PRACTICE INFORMATION

Group/Physician: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice NPI: \_\_\_\_\_ To see Dr: \_\_\_\_\_

### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ Patient Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Insurance Plan: \_\_\_\_\_

- Please send copy of insurance card
- Please attach supporting last office note and any imaging or procedure notes

Office Contact: \_\_\_\_\_ Office Contact Phone: \_\_\_\_\_