



CIVA
THE CARDIOVASCULAR SPECIALISTS

Consultation / Referral to

Dr. Brian Lé

Patient Name: _____

Date of Birth: _____

CIVA Physician: _____

Referring patient for (check all that apply):

- Device Clinic**
- New Implant (ICD, PPM)**
- Arrhythmia Management / Ablation**
Type of Rhythm _____
- Syncope / Dizziness (Tilt Table)**
- Other Reason:** _____