**Ryan Crenshaw, M.D.**

21135 Whitfield Place, STE. #102

Sterling, VA 20165

Phone: (703) 444-4799

Fax: (703) 444-4985



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

Please obtain the marked study(ies) AT LEAST 2 WEEKS PRIOR TO YOUR PROCEDURE(S).

ﬦ Medical clearance from Primary Care Physician (PCP) or Cardiologist or Pulmonologist.

ﬦ EKG

ﬦ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fax results/reports to our office.

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Ryan Crenshaw, M.D.

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Date: