

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)**.

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

EKG

Other _____

Please fax results/reports to our office.

Ryan Crenshaw, M.D.

Date: