

# RADIOLOGY REFERRAL FORM: INTERVENTIONAL RADIOLOGY AND NEUROINTERVENTIONAL RADIOLOGY

Phone: 253-284-0841 | Fax: 253-284-0847



## Patient Information

Date: \_\_\_\_\_ Referring Provider: \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Phone: \_\_\_\_\_ Interpreter Needed (language): \_\_\_\_\_

Signs/Symptoms: \_\_\_\_\_

**Insurance Information** (Send copy of patient's insurance card when faxing this referral)

Insurance(s): \_\_\_\_\_

Claim # (if applicable): \_\_\_\_\_

Pre-Authorization #: \_\_\_\_\_

## INTERVENTIONAL CONSULTS

### Vascular Consults

#### Indication:

- Leg Pain
- Wound
- Claudication
- Visceral Stenosis or Aneurysm
- Chronic DVT or suspected DVT
- Varicose veins
- Other: \_\_\_\_\_

### Vascular Imaging

- ABI (can only be performed in conjunction with a vascular consult)
- Lower extremity arterial duplex (PAD)
  - Right  Left  Bilateral
- Lower extremity venous duplex (DVT study)
  - Right  Left  Bilateral
- Lower extremity venous insufficiency study (Varicose Vein study)
  - Right  Left  Bilateral

### Oncologic Consults

- Evaluation for locoregional therapy (Y90, TACE, ablation)
  - Liver  Kidney  Bone  Other: \_\_\_\_\_

### Reproductive Health

- Uterine fibroids
- Pelvic venous insufficiency (pelvic congestion)
- Varicocele
- Benign Prostatic Hyperplasia (BPH)
- Other: \_\_\_\_\_

### General Consults

- IVC filter removal
- PleurX catheter placement
- Lower back pain, considering spinal injection (ESI)
- Transjugular portosystemic shunt consult (TIPS)
- Vertebral Augmentation (Kyphoplasty)
- Other: \_\_\_\_\_

## INTERVENTIONAL PROCEDURES

### Venous access

- Port placement
- PICC placement
- Tunneled catheter placement
  - Dialysis catheter  Hickman catheter
- Port/Catheter removal
- Port/Catheter check (dye study)

### Drains and Tubes

- Abscess drain placement
- Chest tube placement
- Drain evaluation
  - Type of drain: \_\_\_\_\_
- Gastrostomy tube
  - Placement  Exchange
- Suprapubic cath exchange/ upsize
- Fluid collection sclerosant (for cysts, seromas, etc)

### Bones, Joints, and Spine (specify location and laterality)

- Arthrogram: \_\_\_\_\_
- Joint Aspiration: \_\_\_\_\_
- Steroid injection: \_\_\_\_\_
- SI joint injection: \_\_\_\_\_
- Epidural steroid injection (ESI): \_\_\_\_\_
- Myelogram: \_\_\_\_\_

### General cases

- Paracentesis
- Thoracentesis
- Lumbar puncture
- Thyroid biopsy
- Soft tissue biopsy
- Bone biopsy
- HSG
- Other: \_\_\_\_\_

### Neurointerventional Procedures

- Consultation: \_\_\_\_\_

Not sure what to order? Call 253-284-0841 to speak with our staff.

Referring Provider Signature (Required for exam)

