

Patient Name:	
Date of Birth:	
Phone Number:	

INTERVENTIONAL RADIOLOGY CONSULTATION REQUEST (Please submit this form, last clinic note, and patient contact info)
REASON FOR CONSULT (Check box below or to the right):  Venous Insufficiency (Varicose Veins, Leg Swelling)  Arterial Insufficiency (PAD, Claudication, Non-Healing Wounds)  Benign Prostatic Hypertrophy with Lower Urinary Tract Symptoms  Symptomatic Uterine Fibroids Pelvic Congestion Syndrome  Symptomatic Vertebral or Sacral Insufficiency Fracture  Other (ICD-10 Code if available):
PRIOR IMAGING:  Silver Cross Prime Medical Imaging Other:  (PLEASE PROVIDE CD PRIOR TO VISION REQUEST:  First Available Stream, MD, MS Ashish Vyas, MD  DIAGNOSTIC TEST REQUEST (Bilateral unless specified)  VENOUS:  Lower Extremity Venous Insufficiency Ultrasound (Varicose Vein Study)  Lower Extremity Duplex Venous Doppler (DVT Evaluation)
ARTERIAL:  Lower Extremity Arterial Duplex Ultrasound  Mesenteric Arterial Duplex Ultrasound  Renal Arterial Duplex Ultrasound  Lower Extremity Segmental Pressure/Pulse Volume Recording Study  Complete with ABI (ankle brachial indices) and TBI (toe brachial indices)  Limited with ABI (ankle brachial indices) ONLY (complete study will be performed if abnormal)
OTHER (CPT Code if Available):

Indication: \_\_\_\_\_

(ICD-10 Code): \_\_\_\_\_

Ordering Physician Name (Print)

Ordering Physician Signature

#### **VENOUS DISEASE**

- □ DVT & PE
- □ May-Thurner's Syndrome
- □ SVC Syndrome
- □ IVC Filter Placement/Retrieval
- □ Other Venous Recanalization

### **ARTERIAL DISEASE**

- □ Upper Extremity Arterial Insufficiency
- □ Mesenteric Ischemia
- □ Renal Artery Stenosis
- □ Aneurysm Embolization & Exclusion (Splenic, Renal, etc.)

### **PORTAL HYPERTENTION**

- □ TIPS/DIPS Portosystemic Shunts
- $\quad \square \ Variceal \ Obliteration$
- $\hfill\Box$  Partial Splenic Embolization

# **ONCOLOGY**

- □ Y90 Radioembolization
- □Tumor Ablation
- □Chemoembolization
- □Venous & Peritoneal Ports

#### THYROID INTERVENTION

- $\square$  Nodule Ablation
- $\ {\scriptstyle \square} \ Enlargement \ Embolization$

## **HEPATOBILIARY**

- ☐ Biliary Drainage/Stenting
- □ Cholecystectomy/Gallstone Removal
- $\quad \ \ \Box \ Biliary/Gallbladder \ Endoscopy$

#### **UROLOGICAL INTERVENTION**

- □ Varicocele Embolization
- □ Renal Tumor Ablation
- □ Nephrostomy/Stenting

#### **DIALYSIS INTERVENTION**

- □ Percutaneous Fistula Creation
- □ Fistula/Graft Maintainence
- □ Vascular Access

## PAIN MANAGEMENT

- □ Cementoplasty for Other Pathologic Bone Lesions
- $\square$  Bone Tumor Ablation
- □ Celiac Plexus Neurolysis
- $\square$  Other Nerve Blocks
- □ Geniculate Artery Embolization for Knee Pain
- □ Frozen Shoulder Embolization

PLEASE COMPLETE FORM AND FAX TO: (833) 907-2296

Contact #

Date