

RADIOLOGY REFERRAL FORM: INTERVENTIONAL RADIOLOGY AND NEUROINTERVENTIONAL RADIOLOGY

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



Patient Information

Date: _____ Referring Provider: _____

Patient Name: _____ D.OB.: _____

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)

