

## Interventional Radiology & Neuroradiology Services

### EMANUEL MEDICAL CENTER REFERRAL FORM

#### Patient Information

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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Ordering Physician: \_\_\_\_\_

Notes: \_\_\_\_\_

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#### Examination Request

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- Interventional Consultation for: \_\_\_\_\_
- Dialysis vascular access and maintenance of fistula
- Arterial Study for angioplasty, stent, grafts, thrombolysis
- Vertebral augmentation for compression fractures (Kyphoplasty, Vertebroplasty)
- Biopsy of: \_\_\_\_\_
- Embolization (uterine fibroid embolization, varicocele, pelvic congestion, aneurysms, etc.)
  - Tumor treatment
  - Chemoembolization
  - Radioembolization
  - Ablation
- Vascular access (ports and lines)
- Transjugular intrahepatic portosystematic shunt (TIPS) procedure for treatment of ascites and variceal bleeding
- TIPS revision
- Urinary tract obstruction/stone management
- Biliary tract obstruction/cancer management
- Pain management (epidurals, pain blocks, and myelogram)
- DVT/PE thrombectomy, Thrombolysis
- Other: \_\_\_\_\_