

DVI

DESERT VASCULAR INSTITUTE
A DIVISION OF DESERT RADIOLOGY

INTERVENTIONAL REFERRAL

Ph: 702-794-4384
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Your appointment is scheduled / Su cita está previsto:

Date/Fecha: _____ Time/Hora: _____

Arrival Time/Hora de llegada: _____

DATE OF ORDER:

Patient Name _____ DOB _____

Ph _____ Cell Ph _____ Work/Alt _____

Primary Ins _____ Policy # _____

Authorization # _____

History / Symptoms *(required)* _____

ICD-10 / Diagnosis _____

Referring Physician _____

Ph _____ Fx _____ CC Physician _____

Office Contact _____ CALL REPORT _____

CD to Office CD w/ Patient DICOM CD to Office Other _____

STAT

*Please note: ALL interventional exams require patients to have labs performed within the last 30 days.
Please include a copy of recent office notes / H&P with referral.*

- Angioplasty / Stent
- Alcohol Ablation
- AVM / AVF
- AV Fistula / AVG declot
- Biliary Drain & Stent Placement
- Biopsy (CT)
- Biopsy (Other) _____
- Catheter Placement
 - Pleural Peritoneal
- Catheter Placement - Dialysis
 - Vascath Permacath
- Cerebral Aneurysm Coiling
- Carotid Artery Stenting w/ Distal
- Cryoablation / RFA
- IVC Filter Placement / Removal
- Kyphoplasty / Vertebroplasty
- Liver Chemoembolization
- Nephrostomy Tube Placement
- Nephrolithotomy
- PET/CT Routine (Skull to Thigh)
- PET/CT Brain
- PET/CT Whole Body (Melanoma, Extremity Metastasis)
- PICC Line
- Port Placement ARM Port Placement CHEST
 - Diabetes Blood Thinners Avastin
- Port Removal ARM Port Removal CHEST
 - Diabetes Blood Thinners Avastin
- Thrombolytic Therapy
 - Arterial Venous
- TIPS / Leveen Shunt
- UFE / UAE
- Varicocele Embolization

COMMENTS / SPECIAL INSTRUCTIONS:

