



INTERVENTIONAL RADIOLOGY REFERRAL

PH: 702-794-4384

FX: 702-733-1213

Patient Name _____ DOB _____

Ph _____ Cell Ph _____ Work/Alt _____

Primary Ins _____ Policy # _____

Diagnosis _____ ☐ Evaluate & Treat

Referring Provider _____ Date of Order: _____

Ph _____ Fx _____ Office Contact _____

Additional Instructions: _____

☐ NONSTAT ☐ STAT CC Report to: _____

*****PLEASE INCLUDE DEMOGRAPHICS, MOST RECENT LABS AND CURRENT HISTORY AND PHYSICAL*****

ALL IR exams require patients to have labs performed within the last 30 days.

INTERVENTIONAL RADIOLOGY CONSULTS

- ☐ Angioplasty & Stenting (for PVD & PAD)
- ☐ Adrenal Venous Sampling (AVS)
- ☐ Arteriovenous Malformation Treatment (Body)
- ☐ Alcohol Ablation
- ☐ Arteriovenous graft (AVG) de clot
- ☐ Biliary Drain & Stent Placement
- ☐ Chemoembolization
- ☐ Conventional Angiogram _____
- ☐ Carotid Artery Stenting w/ Distal
- ☐ Cryoablation
- ☐ DVT thrombectomy / thrombolysis
- ☐ Endoleak Repair
- ☐ Geniculate Artery Embolization
- ☐ Gonadal Vein Embolization
- ☐ Intercostal Nerve Cryoneurolysis (INC)
- ☐ IVC Filter Placement / Removal
- ☐ Peritoneovenous shunt placement (LeVeen)
- ☐ Pelvic Venogram
- ☐ Prostate Artery Embolization
- ☐ Nephrostomy Tube Placement
- ☐ Nephrolithotomy
- ☐ Radioembolization (Y-90)
- ☐ Radiofrequency Ablation: ☐ Kidney ☐ Liver
- ☐ Renal Artery PTA, Stent Placement
- ☐ Thrombolytic Therapy: ☐ Arterial ☐ Venous
- ☐ T.I.P.S.
- ☐ Varicocele Embolization
- ☐ Varicose Vein Treatment

NEUROINTERVENTIONAL RADIOLOGY CONSULTS

- ☐ Arteriovenous Malformation Treatment
- ☐ Arteriovenous Fistula Embolization
- ☐ Cerebral Aneurysm Coiling
- ☐ Cerebral Angiography
- ☐ Cranial Angioplasty and Stenting
- ☐ Endovascular Graft for Aneurysm
- ☐ Endovascular Intracranial Aneurysm Repair
- ☐ Epistaxis Embolization
- ☐ Pain Procedures: ☐ SNRB ☐ ESI ☐ Facet
- ☐ Presurgical Embolization
- ☐ Spine Tumor RF Ablation
- ☐ Stroke Therapy, Perfusion Augmentation
- ☐ Trigeminal Neuralgia Procedures
- ☐ Kyphoplasty
- ☐ Vertebroplasty

WOMEN'S INTERVENTIONAL RADIOLOGY CONSULTS

- ☐ Ovarian Vein Embolization
- ☐ Uterine Fibroid Embolization

OTHER INTERVENTIONAL RADIOLOGY CONSULTS

- ☐ IR Procedure not listed. Detail consult request below:
