



See reverse for Appointment Scheduling

Date: _____

Primary Doctor: _____

Doctor Phone #: _____

Urgent 1-2 Days 1-2 Weeks 1 Month

PATIENT LABEL HERE

Interventional Radiology Patient Referral Form

Patient Information

Patient Name: _____ M F Date of Birth: _____ MRN: _____
 Home #: _____ Cell #: _____ Work #: _____
 Insurance Company: _____ Policy/Group #: _____
 Employer: _____
 Clinical History: _____
 Diagnosis/Indications: _____
 Previous Films (Type/Where Completed): _____

Physician Information

Physician Name: _____ Clinic: _____
 Physician Signature: _____ Office #: _____ Fax #: _____
 Special Instructions: _____

Interventional Radiology

Evaluate & Manage

- | | | |
|--|---|---|
| <input type="checkbox"/> PVD / Claudication / Limb Ischemia | <input type="checkbox"/> Mesenteric Angina / Ischemia | <input type="checkbox"/> Varicocele Embolization |
| <input type="checkbox"/> Renal Artery Stenosis | <input type="checkbox"/> Abdominal Aortic Aneurysm | <input type="checkbox"/> Symptomatic Uterine Fibroids |
| <input type="checkbox"/> Thoracic Aortic Aneurysm / Dissection | <input type="checkbox"/> DVT | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> IVC Filter Retrieval | <input type="checkbox"/> IVC Filter Placement | _____ |
| <input type="checkbox"/> Chemo Embolization | <input type="checkbox"/> Radio Frequency Ablation / Cryotherapy | |

Consult with Interventional Radiology Medical Staff:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Amanjit Baadh, MD | <input type="checkbox"/> Kevin Henseler, MD | <input type="checkbox"/> Kevin Nguyen, MD | <input type="checkbox"/> Daniel Thompson, MD |
| <input type="checkbox"/> Andrew Bunney, MD | <input type="checkbox"/> Adam Jeffers, MD | <input type="checkbox"/> Cory Nordman, MD | <input type="checkbox"/> Mark Welnick, MD |
| <input type="checkbox"/> Brian DeCesare, MD | <input type="checkbox"/> Jorge Leon, MD | <input type="checkbox"/> Anne Reddy, MD | <input type="checkbox"/> Jennifer Williams, DO, RPVI |
| <input type="checkbox"/> Timothy Goertzen, MD | <input type="checkbox"/> Matthew Loe, MD | <input type="checkbox"/> Fareed Siddiqui, MD | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Andrew Hartigan, MD | | | |

Interventional Neuro Radiology

Evaluate & Manage

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Cerebral Aneurysm | <input type="checkbox"/> Intracranial Stenosis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Vertebroplasty / Kyphoplasty | <input type="checkbox"/> Cerebral Vascular Malformation | _____ |
| <input type="checkbox"/> Carotid Stenosis | <input type="checkbox"/> Vertebral Bone Biopsy | |

Consult with Interventional Neuro Radiology Medical Staff:

- | | | |
|--|--|---|
| <input type="checkbox"/> Jason Carroll, MD | <input type="checkbox"/> Jeffrey Lassig, MD | <input type="checkbox"/> Collin Torok, MD |
| <input type="checkbox"/> James Goddard III, MD | <input type="checkbox"/> Michael Madison, MD | <input type="checkbox"/> No Preference |

Notes: _____



INTERVENTIONAL RADIOLOGY APPOINTMENT SCHEDULING

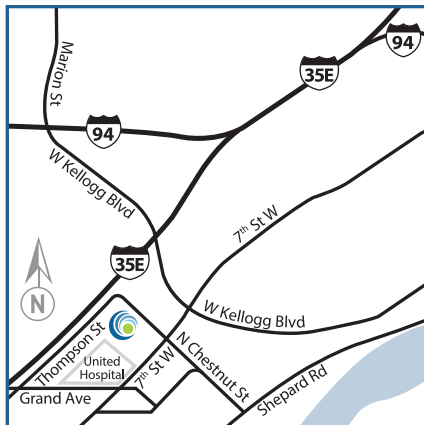
Interpreter Services are available, please provide notification at the time of scheduling.

ST. PAUL - East Metro

Midwest Radiology Outpatient Imaging

651.917.9930 phone (also **CONSULT URGENCY**)

651.649.3040 fax



250 Thompson Street
St. Paul, MN 55102
Phone: 651.602.7200

Clinic Hours:

By appointment, M-F

Free parking is available in the Midwest Radiology lot off Thompson Street. If parking is unavailable in our lot, please proceed to the Gold Ramp (located on Smith Avenue). Please bring your ticket with you for parking validation at our front desk.

Coon Rapids - North Metro

Midwest Radiology Suburban Imaging

763.792.1999 phone

763.792.1938 fax



MMEC I, Suite 140
8990 Springbrook Drive
Coon Rapids, MN 55433
Phone: 763.792.1900

Clinic Hours:

By appointment, M-F

Located next to The Breast Center, with free reserved parking available.

MidwestRadiology.com

MAIN OFFICE

166 4th Street East
St. Paul, MN 55101

ADMINISTRATION

t: 651.292.2000
f: 651.632.5701

BILLING

t: 877.556.0695
f: 800.714.5926

MEDICAL RECORDS

t: 651.602.7220
f: 651.292.2193