



See reverse for Appointment Scheduling

Date: _____

Primary Doctor: _____

Doctor Phone #: _____

☐ Urgent 1-2 Days ☐ 1-2 Weeks ☐ 1 Month

Neurointerventional/Vascular and 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: _____
Prior Imaging (Type/Where Completed): _____

Physician Information

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

Vascular & 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 Vascular and Interventional Radiology Medical Staff:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Amanjit Baadh, MD | <input type="checkbox"/> Andrew Hartigan, MD | <input type="checkbox"/> Kevin Nguyen, MD | <input type="checkbox"/> Fareed Siddiqui, MD |
| <input type="checkbox"/> Andrew Bunney, MD | <input type="checkbox"/> Kevin Henseler, MD | <input type="checkbox"/> Cory Nordman, MD | <input type="checkbox"/> Jennifer Williams, DO |
| <input type="checkbox"/> Austin Campbell, MD | <input type="checkbox"/> Adam Jeffers, MD | <input type="checkbox"/> Adam Nygard, MD | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Brian DeCesare, MD | <input type="checkbox"/> Matthew Loe, MD | <input type="checkbox"/> Brendan O'Shea, MD | |
| <input type="checkbox"/> Timothy Goertzen, MD | <input type="checkbox"/> Kevin McElroy, MD | <input type="checkbox"/> Anne Reddy, MD | |

Neurointerventional 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 Neurointerventional Radiology Medical Staff:

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

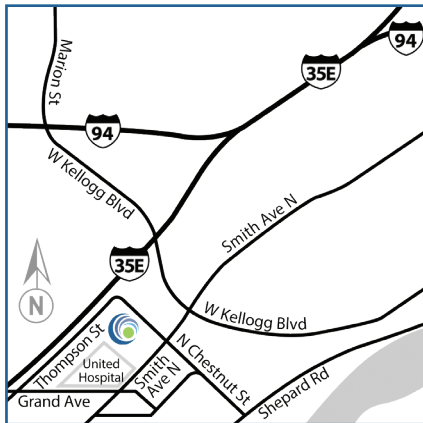
Notes: _____



APPOINTMENT SCHEDULING

EAST METRO - ST. PAUL

651.917.9930 phone
651.649.3040 fax



250 Thompson Street
St. Paul, MN 55102
Phone: 651.917.9930

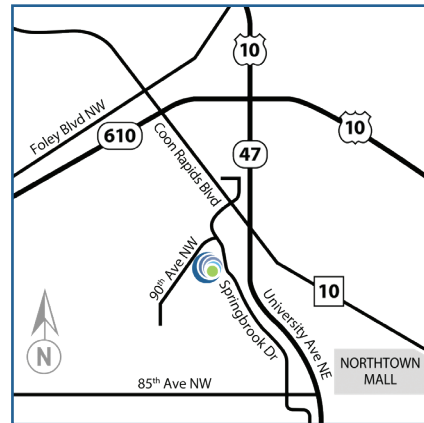
Clinic Hours:

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.

NORTH METRO - COON RAPIDS

763.792.1981 phone
763.792.1979 fax



MMEC I, Suite 140
8990 Springbrook Drive
Coon Rapids, MN 55433
Phone: 763.792.1981

Clinic Hours:

By appointment, M-F

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

www.MidwestRadiology.com