



S U M M I T I R
R E F E R R A L F O R M

Referring Physician: _____

Phone: _____

Patient Name: _____

Patient Phone: _____

Men's Health

- Prostate Artery Embolization (PAE)
- Varicocele Embolization (VE)

General IR

- Kyphoplasty
- Sacroplasty
- IVC Filter Placement/ Removal
- Vascular Malformation
- Internal Hemorrhoidal Artery Embolization
- Genicular Artery Embolization
- Peripheral Artery Revascularization (PAD)
- Varicose Vein Ablation

Women's Health

- Uterine Fibroid Embolization (UFE)
- Uterine Artery Embolization (UAE)
- Pelvic Congestion Syndrome
- May-Thurner Syndrome
- Arterial Embolization of the Shoulder

Oncology

- Liver Embolization
- Ablation
 - Liver, Kidney, Spine
- Port Placement
- Biopsy

NOTES: _____

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