

One Dunwoody Park S, Suite 130 Atlanta, GA 30338

## Interventional **Referral Form**

For Billing Office Use Only	Poguasting Evaluation and Proc	Date: cedure for Date:
Patient Name:	DOB:	Phone No.:
Address:		
Skilled Nursing	ity ne:	Nursing Facility Phone:
Hospice Patient: 🔲 Yes 🔲 No Hosp	oice Name:	Hospice Phone:
Person Authorizing Treatment:	Authorizing Signature:	
Position:	Phone No.:	Fax No.:
Fax	with Demographics and insurance Infor	mation
Chemo Port/Plasmapheresis Catheter	Venous Disease Lower Extremity	Arthrography
Arm Port Placement - Left Arm Port Placement - Right Chest Port Placement - Right Plasmapheresis Cath. Place Short Term Plasmapheresis Cath. Place Long Term Port Check Port Removal Tunneled Catheter Removal Other:  FNA (Fine Needle Aspiration) - Thyroid/Other Abn Thyroid Function Study Dysphagia Enlarged Thyroid (Goiter) Hyperthyroidism Hypothyroidism Neck Mass Thyroid Cyst Port Removal Thyroid Disorder Unspecified Other:  Vertebroplasty Kyphoplasty Fracture Level: Consult Schedule Procedure Arm Pain Brachial Radiculitis Cervical Radiculitis NEC Low Back Pain Lumbar Pain Lumbar Radiculitis Radiculopathy Thoracic Spine Pain Other:  IVC Filter IVC Filter Removal Deep Vein Thrombosis Pulmonary Embolism Other: Other:	Consult & Ultrasound Same Day Consultation Only Ultrasound Varicose/Spider/Venous Ulcer Ultrasound - DVT (Deep Vein Thrombosis) Cellulitis of Leg Chest Pain Deep Vein Thrombosis Dialysis Access Planning Focal Superf Swelling, Mass or Lump Pain in Limb Phlebitis and Thrombophlebitis Pulmonary Embolism Pre-operative Exam Shortness of Breath Swelling of Limb Ulcer-Lower Extremity Varicose Vein of LE with Inflammation Varicose Vein with Complications Venous Insufficiency, Unspecified Other: Lower Extremity Angio/PAD (Peripheral Arterial Disease)/Peripheral Angio Upper Extremity Angio Abdominal Aortography/PTA/Stent Right/Left/Bi Low Extr Angio/PTA/Stent Right/Left/Bi Upper Extr Angio/PTA/Stent Right/Left/Bi Upper Extr Angio/PTA/Stent Right/Left/Bi Stensor - Abdominal Aneurysm - Abdominal Aneurysm - Bliac Aneurysm - Femoral/Popliteal Artery Atherosclerosis Extrem. w/claud. Atherosclerosis Extrem. w/ Rest Pain Atherosclerosis Extrem. w/ Bangrene Embol. &Thrombosis Abd. Aorta Lower Extremity Embolism/Occlusion Upper Extremity Embolism/Occlusion Upper Extremity Embolism/Occlusion Embolism & Thrombosis of Iliac Bruit Hematoma - Due to Surgery Numbness Pain in Limb Weak Pulse Other:	(Fluoro Guided Prior to CT/MR Arthrography)    Hip - Left/Right