Request for Referral

VASCULAR INTERVENTIONAL SPECIALISTS

CORA

REFERRING OFFICE

Referring Doctor: _____

Date: _____

ICD-10 Codes: _____

Office Phone: _____

PATIENT INFO

Patient Name: _____

DOB: _____

Patient Phone: _____

Patient Email: _____

(ULTRASOUND PROCEDURES ON BACK)

CONSULTATION FOR:

DRAINS:
- ◯ Thoracentesis
- ◯ Paracentesis
- ◯ PleurX

ARTERIAL CONCERNS:
- ◯ Claudication
- ◯ Wound/Ulcer
- ◯ Mesenteric Ischemia
- ◯ Renal Stenosis/ Hypertension
- ◯ Aneurysm

GI/BILIARY:
- ◯ Gastrostomy
- ◯ Tube change / reposition
- ◯ Other:_____

BIOPSY:
- ◯ Solid organ _____
- ◯ Thyroid FNA
- ◯ Bone

ONCOLOGY:
- ◯ Liver directed therapy
- ◯ (TACE/y90)
- ◯ Tumor ablation

PAIN:
- ◯ Spinal Fracture
- ◯ Joint injection
- ◯ Nerve block (Epidural, TFESI, Celiac)
- ◯ Other:_____

VENOUS ACCESS:
- ◯ Port
- ◯ Perm cath / removal
- ◯ PICC
- ◯ IVC Filter / removal

VENOUS CONCERNS:
- ◯ Deep vein thrombus
- ◯ Varicose / Spider veins
- ◯ Ulcer

GU:
- ◯ Nephrostomy
- ◯ Tube change /repostion
- ◯ Suprapubic catheter
- ◯ Other: _____

WOMENS HEALTH:
- ◯ Fibroids / Menorrhagia
- ◯ Pelvic pain / Venous insufficiency

MENS HEALTH:
- ◯ BPH (Prostate embolization)
- ◯ Varicocele

DIALYSIS:
- ◯ Fistulagram
- ◯ Declot

PHYSICIANS

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