



<b>Patient Name:</b>	<hr/>		<b>DOB:</b>	<hr/>	
<b>ICD-9 Codes:</b>	<hr/>		<b>Allergies:</b>	<hr/>	
<b>Ordering Physician Signature:</b>	<hr/>		<b>Date:</b>	<hr/>	
<b>Referring Physician:</b>	<hr/>		<b>Phone:</b>	<hr/>	
			<b>Fax:</b>	<hr/>	

To schedule a consultation or for more information about vascular and interventional services, please call 704.358.IRMD. Please select the appropriate request and indicate diagnosis.

<input type="checkbox"/> <b>Request Consultation for Venous Intervention</b> <input type="checkbox"/> SVC Syndrome <input type="checkbox"/> Varicoceles <input type="checkbox"/> Varicose Veins <input type="checkbox"/> Venous Insufficiency <input type="checkbox"/> Venous Ulcers <input type="checkbox"/> Venous/Arteriovenous Malformation  Other _____	<input type="checkbox"/> <b>Request Consultation for Spine Intervention</b> <input type="checkbox"/> Compression Fracture  Other _____  <input type="checkbox"/> <b>Request Consultation for Oncology Intervention</b> <input type="checkbox"/> Chemoembolization/ Radioembolization <input type="checkbox"/> Portal Vein Embolization <input type="checkbox"/> Radiofrequency/Cryoablation/ Microwave Ablations  Organ Location _____  Other _____	<input type="checkbox"/> <b>Request Consultation for Arterial Intervention</b> <input type="checkbox"/> Abdominal Aortic Aneurysm <input type="checkbox"/> Aortic Dissection <input type="checkbox"/> Chronic Mesenteric Ischemia <input type="checkbox"/> Claudication <input type="checkbox"/> Critical Limb Ischemia <input type="checkbox"/> Non-healing Foot Ulcer <input type="checkbox"/> Peripheral Arterial Disease <input type="checkbox"/> Renal Artery Stenosis <input type="checkbox"/> Renal Insufficiency/Failure <input type="checkbox"/> Subclavian Artery Stenosis <input type="checkbox"/> Thoracic Aortic Aneurysm <input type="checkbox"/> Vertebral Artery Stenosis <input type="checkbox"/> Visceral/Peripheral Aneurysm  Other _____
<input type="checkbox"/> <b>Request Consultation for Gynecologic Intervention</b> <input type="checkbox"/> Female Infertility/Tubal Obstruction <input type="checkbox"/> Pelvic Venous Congestion <input type="checkbox"/> Symptomatic Uterine Fibroids  Other _____		

To schedule the following interventional procedures, please call the Carolinas Medical Center hospital facility nearest you.

**Dialysis Evaluation/Intervention**

- Fistulogram
- Hemodialysis Catheter Placement
- Hemodialysis Graft Declot/Possible Stent Placement
- Upper Extremity Venograms

**Gastrointestinal Intervention**

- G Tube Check/Placement/ Replacement
- G-J Tube Check/Placement/ Replacement
- J Tube Check/Replacement

**Venous Access/Procedures**

- Catheter Check/Possible Lytic Infusion
- DVT Thrombolysis/Possible Stent Placement
- IVC Filter Placement/Removal
- PICC
- Port Check/Possible Lytic Infusion
- Port Placement/Removal
- Tunneled Catheter Placement (Permcath, Hickman)
- Vascular or Hohn Catheter Placement

**Hepatobiliary Intervention**

- Balloon Occluded Retrograde Transvenous Obliteration (BRTO)
- Biliary Stone Removal
- Percutaneous Biliary Drainage/Stent Placement
- Percutaneous Cholecystostomy Tube
- Percutaneous Transhepatic Cholangiogram (PTC)
- Transjugular Intrahepatic Portosystemic Shunt (TIPS)

**Urology Intervention**

- Access/Nephrostomy for Percutaneous Lithotomy
- Anterograde Nephrostogram
- GU Stone Retrieval
- Nephroureteral Stent/ Double J Stent Placement or Conversion
- Percutaneous Nephrostomy Tube Placement
- Suprapubic Urinary Catheter Placement

**Misc**

- Epidural Steroid Injection
- Facet Injection
- Nerve Root Block
- Paracentesis
- Pleurx Drainage Catheter (Chest/Abdomen)
- Thoracentesis
- Vertebroplasty / Kyphoplasty

- O. Sami AAssar, MD
- Vittorio P. Antonacci, MD
- Ross J. Bellavia, MD
- Scott R. Broadwell, MD
- Timothy O. Jenkins, MD
- Michael J. Kelley, MD
- Michael A. Meuse, MD
- Arl Van Moore Jr, MD
- David J. Sheridan, MD
- Daniel J. Stackhouse, MD
- Jeffrey P. Stein, MD
- Jason A. Swenson, MD
- Eric A. Wang, MD