



INTERVENTIONAL RADIOLOGY OUTPATIENT CONSULT REQUEST FORM

VASCULAR AND INTERVENTIONAL SPECIALISTS OF ORANGE COUNTY

PHONE: 714-560-4450 | FAX: 714-560-4455

ADDRESS: 1010 W. LA VETA AVENUE, SUITE 320, ORANGE, CA 92868

PATIENT NAME:

DATE OF BIRTH:

GENDER:

REASON FOR CONSULT/PROCEDURE (if not listed below):

INSURANCE, AUTHORIZATION NUMBER AND EXPIRATION DATE:

PRIORITY: Routine ASAP

PRIOR IMAGING: ST. JOSEPH ORANGE IPOC OUTSIDE FACILITY (Must bring CDs to appointment)

Labwork within 30 days? No Yes – Lab Location?: _____

IR CONSULT REQUESTED FOR:

ARTERIAL DISEASE:

- Claudication
- Chronic limb-threatening ischemia (leg pain, non-healing ulcer)
- Carotid disease

VENOUS DISEASE:

- Varicose veins
- Venous thromboembolism (DVT/PE)
- Post-thrombotic syndrome
- Central venous occlusion
- IVC filter placement
- IVC filter removal

ONCOLOGY:

- Liver directed therapy (Y-90, TACE, ablation)
- Biopsy
- Chest port placement
- Chest port removal
- Prostate SpaceOar and fiducials

WOMEN'S HEALTH:

- Uterine fibroids
- Pelvic pain/pelvic varicose veins/pelvic congestion syndrome

MEN'S HEALTH:

- Benign prostate hyperplasia (BPH)
- Pelvic pain/varicocele

MUSCULOSKELETAL/PAIN:

- Knee osteoarthritis (geniculate artery embolization)
- Frozen shoulder/adhesive capsulitis (adhesive capsulitis embolization)
- Vertebral compression fractures (Kyphoplasty)
- Hemorrhoids (hemorrhoidal embolization)

NEURO:

- Chronic subdural hematoma (MMA embolization)
- Vertebral compression fractures (Kyphoplasty)

IAC Accredited Vascular Lab:

- Arterial Duplex
- Venous Duplex
- Aortic aneurysm screening

REFERRED BY:

DATE:

TIME:

PHONE NUMBER:

ATTN TO: BHAVRAJ KHALSA, MD

FAX TO: 714-560-4455