Interventional Specialty Care Order Form

To schedule a consultation or procedure, FAX this form **with clinic notes, H&P, patient demographics and copies of insurance cards** to: 913.701.3735.

For questions or assistance, call: 913.944.4900.

INTERVENTIONAL SPECIALTY CARE REFERRAL FORM - Patient Demographics

Patient Name: ______________________ **Gender:** ______ **DOB:** __________

Patient Phone: ______________________________

Indication: ______________________________

Special Instructions: ______________________________

SERVICE REQUESTED:

Arterial:
- ☐ PAD
- ☐ Visceral Angiography & Interventions

Dialysis:
- ☐ Catheters
- ☐ Fistula/Graft Study

Gastrointestinal:
- ☐ Cholycystostomy tubes
- ☐ Drains
- ☐ Gastrostomy/Jejunostomy Tubes
- ☐ Transhepatic Cholangiogram with Drain Placement
- ☐ PTC Exchange
- ☐ TIPS
- ☐ Transjugular Liver Biopsy

Oncology:
- ☐ Ports
- ☐ Tumor Ablation
- ☐ Y90

Spine:
- ☐ Kyphoplasty
- ☐ Spine Jack
- ☐ Vertebroplasty

Urologic:
- ☐ Cryoablation
- ☐ Nephrostomy Tube
- ☐ Nephroureteral/Ureteral Stent
- ☐ Renal Mass Embolization

Venous:
- ☐ May-Thurner Syndrome
- ☐ IVC filters

Other:
- ☐ Pelvic Congestion Syndrome
- ☐ Powerlines
- ☐ Uterine Fibroid Embolization
- ☐ Varicocele Embolization
- ☐ Extremity Venogram
- ☐ Other:
- ☐ ______________

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PREFERED INTERVENTIONAL SPECIALIST:

- ☐ Matthew Bassett, MD
- ☐ J.R. Conaway, MD
- ☐ Joseph Koury, MD
- ☐ Curtis Selser, MD
- ☐ Tariq Suwan, MD
- ☐ Thomas Sweeney, MD
- ☐ No Preference

Clinician Name: ______________________ **Phone:** __________

Signature: ______________________ **Date:** __________

Updated 4.25.24