



**This referral sheet and insurance information are required at the time of your appointment.**

**ROUTING INSTRUCTIONS**

<input type="checkbox"/> SCHEDULER TO CALL PATIENT	<input type="checkbox"/> NONSTAT <input type="checkbox"/> STAT
<input type="checkbox"/> ARA TO FAX APPOINTMENT CONFIRMATION TO PHYSICIAN	<input type="checkbox"/> Call doctor before procedure Phone # _____ After Hours # _____
# _____	<input type="checkbox"/> ADDITIONAL INSTRUCTIONS _____
	(THE REPORT FOR EXAMS COMPLETED AFTER 4PM WILL BE FAXED THE FOLLOWING WORK DAY MORNING.)
	<input type="checkbox"/> ADDITIONAL REPORT TO _____

Patient name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Patient day #: \_\_\_\_\_ Evening #: \_\_\_\_\_ Special instructions: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  Evaluate & Treat

Referring physician: \_\_\_\_\_ Physician signature: \_\_\_\_\_ Date ordered: \_\_\_\_\_

**★ Please include demographics, most recent labs and current history and physical. ★**

**INTERVENTIONAL RADIOLOGY CONSULTS**

Contact (512) 467-Xray (512-467-9729) or fax (512) 343-9099 to schedule.

- Angioplasty and Stenting for PVD & PAD
- Arteriovenous Malformation Treatment (Body)
- Chemoembolization
- Radioembolization
- Conventional Angiogram \_\_\_\_\_
- Cryoablation     Kidney     Liver
- Endovascular Graft for Aneurysm
- Endoleak Repair
- Radiofrequency Ablation     Kidney     Liver
- Renal Artery PTA, Stent Placement
- Uterine Fibroid Embolization
- Gonadal Vein Embolization
- Geniculate Artery Embolization
- T.I.P.S.
- Pelvic Venogram     With embolization if needed
- Varicocele Embolization
- Prostate Artery Embolization
- Vertebral Augmentation (kyphoplasty/vertebroplasty/sacroplasty)
- Other Interventional Procedure \_\_\_\_\_

**NEUROINTERVENTIONAL SURGERY CONSULTS**

Contact (512) 92-Neuro (512-926-3876) or fax (512) 454-5924 to schedule.

**We perform all minimally invasive image-guided surgeries of the head, neck and spine. These include but are not limited to:**

- Arteriovenous Malformation Treatment
- Arteriovenous Fistula Embolization
- Presurgical Embolization
- Intra and Extra Cranial Angioplasty and Stenting
- Diagnostic Angiography of Head, Neck or Spine
- Epistaxis Embolization
- Endovascular Intracranial Aneurysm Repair
- Minimally Invasive Lumbar Decompression (MILD)
- Pain Procedures:     SNRB     ESI     Facet
- Stereotactic Radiosurgery
- Stroke Therapy, Perfusion Augmentation
- Trigeminal Neuralgia Procedures
- Spine Tumor RF Ablation
- Vertebroplasty
- Kyphoplasty

**OUTPATIENT INTERVENTIONAL PROCEDURES**

Contact (512) 458-9098 or fax to (512) 836-8869 to schedule.

- Endovascular Laser Treatment (EVLT) Consultation
- Varicose Vein Treatment
- Extremity Venograms
- Chest Port Placement     Removal     Replacement
- Intraperitoneal Port Removal
- PICC Line Placement
- US-Guided Liver Biopsy (not for masses, lesions or liver metastasis)
- US-Guided Paracentesis
- US-Guided Thoracentesis (with plain film at discretion of radiologist)

**Neurointerventional Surgery and Interventional Clinics are located at:**

**ARA MIDTOWN MEDICAL**  
901 West 38th Street  
Suite 100  
Austin, Texas 78705

[ausrad.com](http://ausrad.com)

