



Patient Name: _____ Date of Birth: _____

Patient Phone #: _____

Diagnosis: _____

Vascular Intervention

- PAD (Claudication, Rest Pain, Non-healing Wound, etc.)
- Varicose Veins
 - LLE RLE BLE
- Venous Disease
- Restless Leg Syndrome Consult
- Other: _____

Interventional Oncology

- Thyroid Nodule Ablation
- Thyroid Biopsy
- Liver Directed Therapy: Radioembolization (Y90), Chemoembolization, Tumor Ablation
- Giant Liver Hemangioma Management
- Other: _____

Bone/Joint Management

- Embolization of Knee Pain
- Frozen Shoulder
- Tennis Elbow
- Vertebral Augmentation (Kyphoplasty, Vertebroplasty)
- Other: _____

IV Access

- PICC Placement
- Mediport Placement
- Mediport/Catheter Removal
- Tunneled Dialysis/Pheresis Catheter Placement
- Tunneled Central Venous Catheter Placement

Men's Health

- BPH (Prostate Artery Embolization)
- Varicocele Treatment
- Other: _____

Women's Health

- Uterine Fibroid Embolization
- Pelvic Congestion Syndrome Treatment
- Other: _____

Referring provider (Print): _____ Signature: _____

Referring Practice Name: _____

Office Phone #: _____ Office Fax #: _____

Our physicians and advanced practitioners have many years of practice experience in interventional radiology and our procedure capabilities are far reaching. You can rest assured that referring your patients to North Star Vascular & Interventional is an excellent choice. They will be treated like family in a warm and welcoming facility and our care team will report treatment outcomes back to you and keep you in the loop regarding diagnosis and future treatments.