



NORTH STAR

VASCULAR & INTERVENTIONAL

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Golden Valley, MN 55427

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NorthStarIR.com

Patient Name: _____ Date of Birth: _____

Patient Phone #: _____ Address: _____

Insurance: _____ Member ID: _____

Diagnosis: _____

Chronic Arterial & Venous Intervention

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

Benign Tumor Treatment & Interventional Oncology

- ☐ Thyroid Nodule Ablation (RFA)
- ☐ Thyroid Artery Embolization (TAE)
- ☐ Liver Directed Therapy: Radioembolization (Y90), Chemoembolization, Tumor Ablation
- ☐ Giant Liver Hemangioma Management
- ☐ Other: _____

Gastrointestinal (GI)

- ☐ Internal Hemorrhoids (HAE)

Notes:

Musculoskeletal & Spinal Management

- ☐ Embolization of Knee Pain (GAE)
- ☐ Frozen shoulder/adhesive capsulitis
- ☐ Tennis Elbow
- ☐ Vertebral Augmentation
(Kyphoplasty, Vertebroplasty)
- ☐ Plantar Fasciitis Treatment (PFE)
- ☐ Achilles Tendinitis
- ☐ Other: _____

Men's Health

- ☐ BPH (Prostate Artery Embolization)
- ☐ Varicocele Treatment
- ☐ Urology
- ☐ 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.

If you're filling this out online, please save the document and email it to info@northstarir.com.