



Interventional  
Radiology Scheduling:  
(T) 651.917.9930  
(F) 651.649.3040  
stpaulradiology.com

Date:

Patient's Primary MD:

Primary MD Telephone:

**INTERVENTIONAL RADIOLOGY  
PATIENT REFERRAL FORM**

PLACE PATIENT LABEL HERE

Consult Urgency: 651.917.9930

urgent 1-2 days

1-2 weeks

1 month

**Patient Information**

PATIENT NAME  SEX  DATE OF BIRTH  ID/MRN

HOME PHONE / CELL PHONE  WORK PHONE

INSURANCE COMPANY  POLICY #/GROUP

EMPLOYER

CLINICAL HISTORY

DIAGNOSIS/INDICATIONS

PREVIOUS FILMS (TYPE / WHERE COMPLETED)  MRI SAFE?

**Physician Information**

REFERRING PHYSICIAN  OFFICE PHONE  OFFICE FAX

PHYSICIAN SIGNATURE  PRACTICE NAME/CLINIC

SPECIAL INSTRUCTIONS

**Evaluate & Manage**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> PVD / Claudication / Limb Ischemia  | <input type="checkbox"/> Mesenteric Angina / Ischemia           | <input type="checkbox"/> Varicocele Embolization      |
| <input type="checkbox"/> Renal Artery Stenosis               | <input type="checkbox"/> Abdominal Aortic Aneurysm              | <input type="checkbox"/> Symptomatic Varicose Veins   |
| <input type="checkbox"/> Thoracic Aortic Aneurysm/dissection | <input type="checkbox"/> DVT                                    | <input type="checkbox"/> Symptomatic Uterine Fibroids |
| <input type="checkbox"/> IVC Filter Retrieval                | <input type="checkbox"/> IVC Filter Placement                   | <input type="checkbox"/> Other: <input type="text"/>  |
| <input type="checkbox"/> Chemo Embolization                  | <input type="checkbox"/> Radio Frequency Ablation / Cryotherapy | <input type="text"/>                                  |

**Consult with Interventional Radiology Medical Staff**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Carl Bretzke, M.D.      | <input type="checkbox"/> Timothy Goertzen, M.D. | <input type="checkbox"/> Jorge Leon, M.D.        |
| <input type="checkbox"/> Peter Bretzman, M.D.    | <input type="checkbox"/> Andrew Hartigan, M.D.  | <input type="checkbox"/> Michael Rosenberg, M.D. |
| <input type="checkbox"/> Phillip Ditmanson, M.D. | <input type="checkbox"/> Laura Hedlund, M.D.    | <input type="checkbox"/> David Swanson, M.D.     |
| <input type="checkbox"/> George Edmonson, M.D.   | <input type="checkbox"/> Michael Hummel, M.D.   | <input type="checkbox"/> No Preference           |

**Neuro Interventional Radiology**

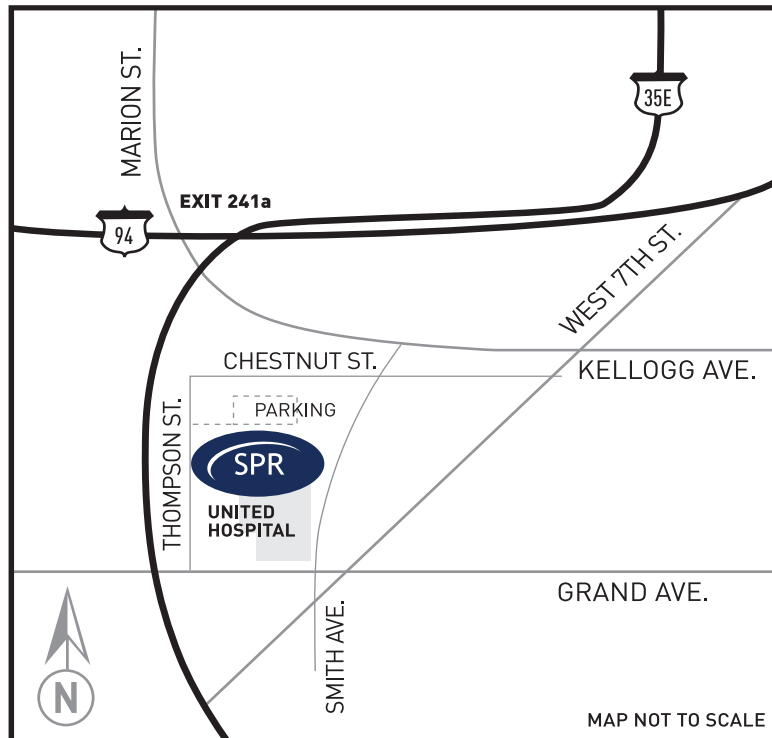
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cerebral Aneurysm            | <input type="checkbox"/> Intracranial Stenosis          | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Vertebroplasty / Kyphoplasty | <input type="checkbox"/> Cerebral Vascular Malformation | <input type="text"/>                                 |
| <input type="checkbox"/> Carotid Stenosis             | <input type="checkbox"/> Vertebral Bone Biopsy          |  |

**Consult with Neuro Interventional Radiology Medical Staff**

- James K. Goddard III, M.D.  
 Jeffrey P. Lassig, M.D.  
 Michael T. Madison, M.D.  
 No Preference

Notes:

## St. Paul Radiology Inverventional Clinic Directions Map



Free parking is available in the St. Paul Radiology lot off Thompson Street. If parking is unavailable in our lot, please proceed to the Gold Ramp (located on Smith Avenue). Please bring your ticket with you for parking validation at our front desk.

### Clinic Address:

250 Thompson Street  
St. Paul, MN 55102

### Clinic Hours:

By Appointment, Monday-Saturday

### Interpreter Services:

Available, please provide notification at time of scheduling.

[www.stpaulradiology.com](http://www.stpaulradiology.com)

**MAIN OFFICE**  
166 4th Street East  
St. Paul, MN 55101

**ADMINISTRATION**  
(T) 651.292.2000  
(F) 651.292.2192

**BILLING**  
(T) 1.877.556.0695  
(F) 651.297.6499

**MEDICAL RECORDS**  
(T) 651.602.7220  
(F) 651.292.2193