

Please fill out the following information in full:

Today's Date:  Appointment Date:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone No.: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Minimally Invasive Services Offered:**

**Vascular:**

- Peripheral Arterial Disease
- Possible CLI
- Varicose Veins
- Non-healing Wound Consult
- DVT/Leg Swelling
- Aneurysm
- Vascular Malformation
- Renal Artery Stenosis
- Venogram

**Gynecology:**

- Uterine Fibroid Embolization
- Embolization for Adenomyosis
- Fallopian Tube Recanalization
- Pelvic Congestion Syndrome

**Ortho/Pain/Neuro:**

- Geniculate Artery Embolization
  - Osteoarthritis pain
  - Hemarthrosis
- Shoulder Embolization
- Kypho/Vertebroplasty

**Urology:**

- Prostate Artery Embolization for BPH
- Varicocele Embolization
- Kidney Tumor Ablation/Embolization

**GI:**

- Hemorrhoid Embolization
- Liver Biopsy
- Tunneled Peritoneal Catheter Placement/Removal
- Liver Tumor Consult

**Pulmonary:**

- Tunneled Pleural Catheter Placement/Removal
- IVC Filter Placement/Removal

**Vascular Access / ESRD:**

- Chest Port  Single-Lumen  Dual-Lumen
- PICC Line  Single-Lumen  Dual-Lumen
- AV Graft / AV Fistula
  - Declot  Fistulagram
- Tunneled Catheter
  - Insertion  Exchange  Removal
- PD Catheter
  - Insertion  Removal  Evaluation

**Imaging:**

- Arterial Duplex  Pulse Volume Recording (PVR)
- Venous Duplex
- Renal Duplex
- Carotid Duplex

**Liver Directed Cancer Therapy:**

- Consult for Treatment
- Y-90 Radioembolization
- Hepatic Tumor Embolization
- Hepatic Tumor Ablation

**Biopsy:**

- Bone Marrow
- Liver
- Soft Tissue-Site \_\_\_\_\_
- Bone-Site \_\_\_\_\_

**Palliative Care:**

- Consult for Pain-Site \_\_\_\_\_
- Bone-Ablation  Tunneled Peritoneal Catheter
- Tunneled Pleural Catheter  Right  Left
- Epidural Injection  Paracentesis
- Thoracentesis

Other: \_\_\_\_\_

Comments (Please include the Patient's Diagnosis):

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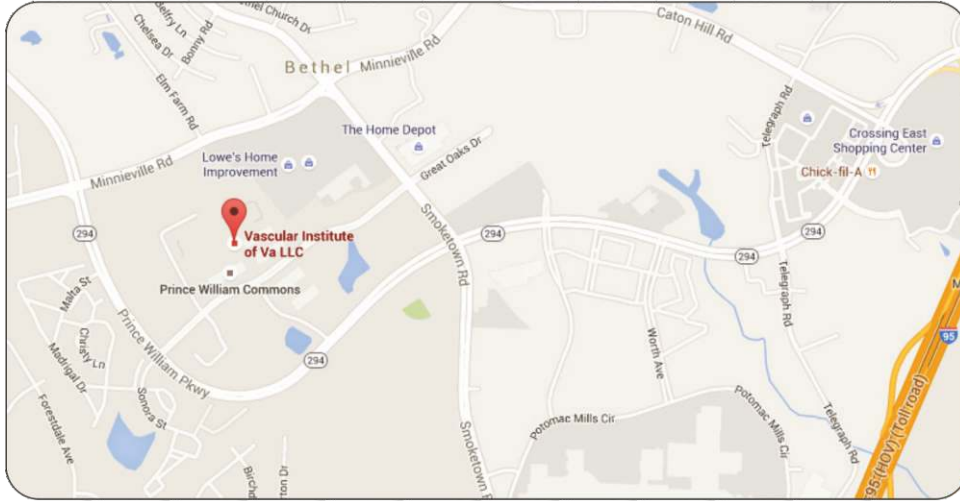
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**Some or all of the following may be required to be faxed to our office:**

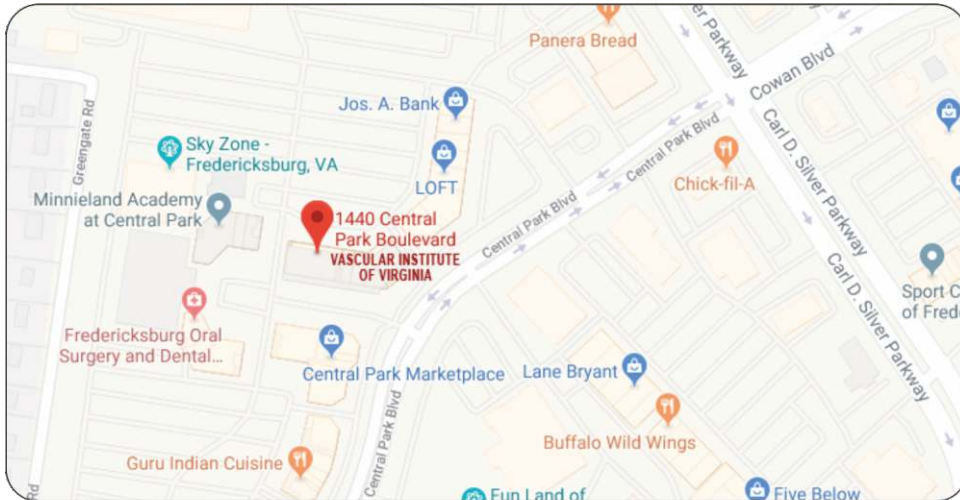
1. Insurance Cards
2. Pt. Demographic Sheet
3. Medication List
4. Most Recent H&P

## Vascular Institute of Virginia

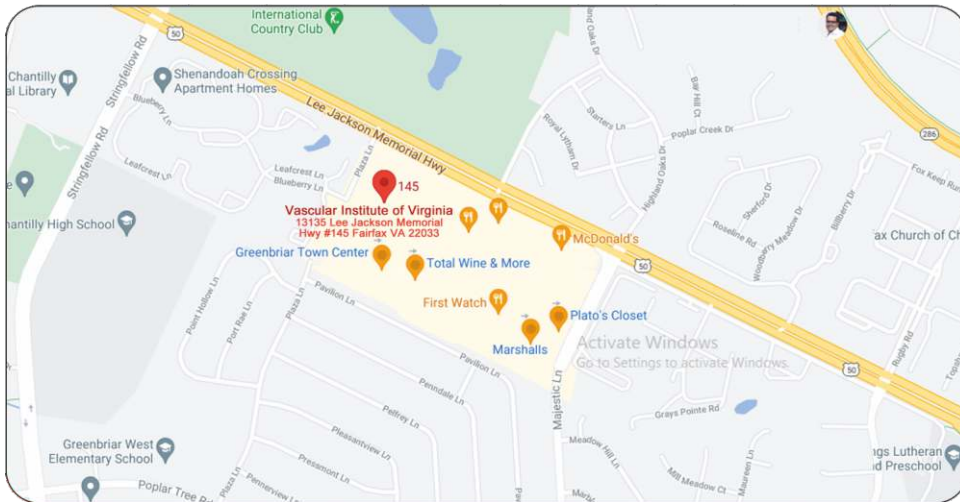
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