



IR 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

- ☐ PVD / Claudication / Limb Ischemia  
☐ Renal Artery Stenosis  
☐ Thoracic Aortic Aneurysm/dissection  
☐ IVC Filter Retrieval  
☐ Chemo Embolization

- ☐ Mesenteric Angina / Ischemia  
☐ Abdominal Aortic Aneurysm  
☐ DVT  
☐ IVC Filter Placement  
☐ Radio Frequency Ablation / Cryotherapy

- ☐ Varicocele Embolization  
☐ Symptomatic Varicose Veins  
☐ Symptomatic Uterine Fibroids  
☐ Other: \_\_\_\_\_

Consult with Interventional Radiology Medical Staff

- ☐ Carl Bretzke, M.D.  
☐ Peter Bretzman, M.D.  
☐ Phillip Ditmanson, M.D.  
☐ George Edmonson, M.D.

- ☐ Timothy Goertzen, M.D.  
☐ Andrew Hartigan, M.D.  
☐ Laura Hedlund, M.D.  
☐ Michael Hummel, M.D.

- ☐ Jorge Leon, M.D.  
☐ Michael Rosenberg, M.D.  
☐ David Swanson, M.D.  
☐ No Preference

Neuro Interventional Radiology

- ☐ Cerebral Aneurysm  
☐ Vertebroplasty / Kyphoplasty  
☐ Carotid Stenosis

- ☐ Intracranial Stenosis  
☐ Cerebral Vascular Malformation  
☐ Vertebral Bone Biopsy

☐ Other: \_\_\_\_\_

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:

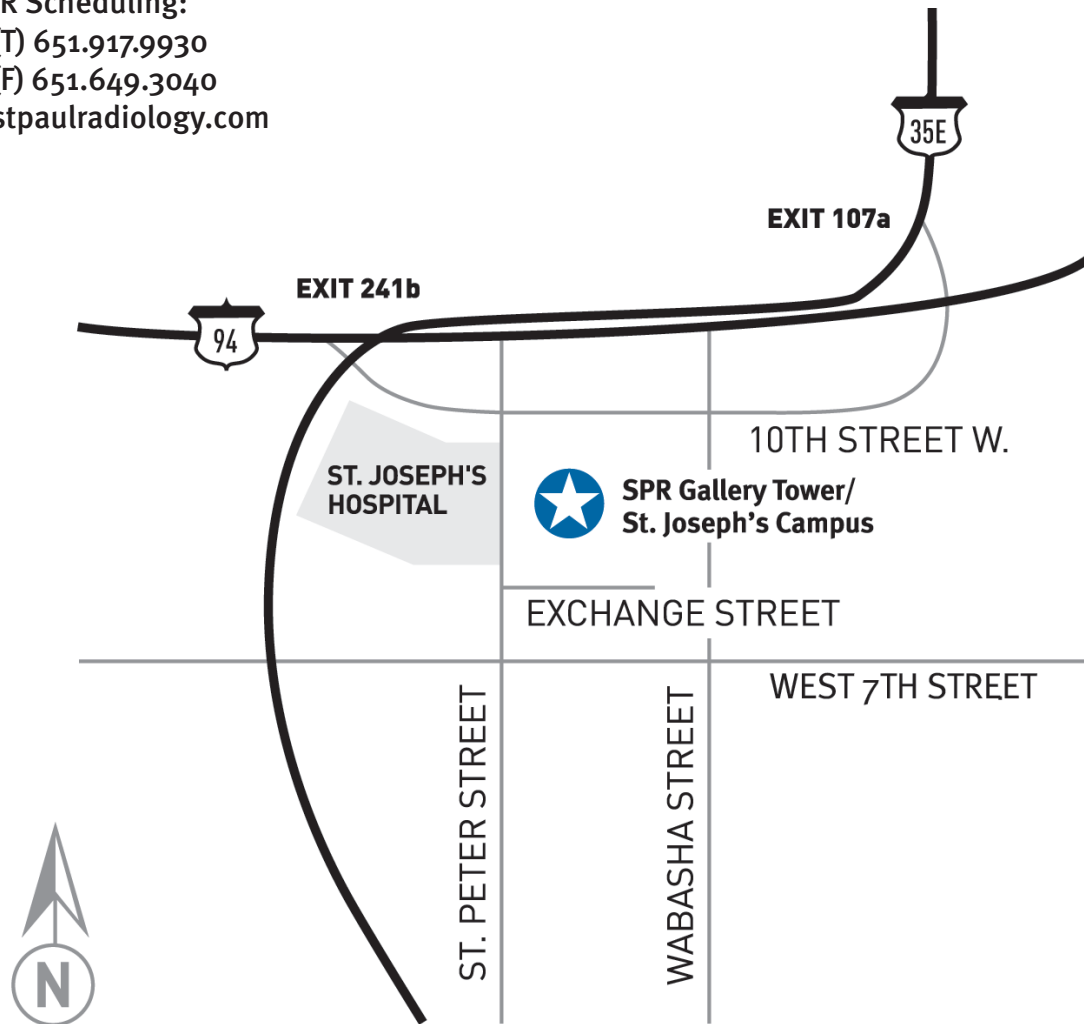
# St. Paul Radiology Inverventional Clinic Directions Map

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stpaulradiology.com



Under ground parking access is off of Exchange Street on the South side of the Gallery Towers building. Parking will be validated, please bring your ticket with you for your appointment. For detailed directions call the clinic or visit us at our web site.

## Clinic Address:

514 St. Peter Street , Suite 100  
St. Paul, MN 55102

## Clinic Hours:

By Appointment M-F

## 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 55101-1421

### ADMINISTRATION

(T) 651.292.2000  
(F) 651.292.2192

### BILLING

(T) 651.767.1400  
(F) 651.297.6499

### MEDICAL RECORDS

(T) 651.602.7220  
(F) 651.292.2193