

## Referral for Outpatient Clinical Evaluation, Treatment Planning and Scheduling

8200 E Belleview Ave, Suite 600E Greenwood Village, CO 80111 Phone: 720.493.3406

Fax: 303.643.4510 RIAEndovascular.com

Venous Interventions  ☐ Venous Insufficiency ☐ Varicose/Spider Veins Sclerotherapy, Foam, Endovenous Laser Ablation, Radiofrequency Ablation, Ambulatory Phlebectomy, Cosmetic ☐ Deep Vein Thrombosis	Urological Interventions  ☐ Enlarged Prostate Prostate Artery Embolization  ☐ Varicocele Varicocele Embolization	
□ IVC Filter Placement, Removal	Interventional Oncology  ☐ Regional Liver Cancer - Primary, Metastatic  Radioembolization, Chemoembolization, Nanoknife	
Arterial Interventions  Peripheral Artery Disease Angiography, Angioplasty, Stenting  Abdominal Aortic Aneurysm Stent Graft  Renal and Mesenteric Artery Stenosis Angioplasty, Stenting  Gynecological Interventions  Pelvic Vein Congestion Ovarian Vein Embolization  Uterine Fibroids Uterine Fibroid Embolization	<ul> <li>Local Tumors - Liver, Lung, Renal, Bone, Adrenal, Prostate Cryoablation, Radiofrequency, Microwave Ablation, Nanoknife</li> <li>Infusion Port, Catheter Placement, Removal, Evaluation</li> <li>Spinal Procedures</li> <li>Vertebral Body Fracture Vertebroplasty, Kyphoplasty</li> <li>Sacral Insufficiency Fracture Sacroplasty</li> <li>Other</li> <li>General Interventional Procedures</li> </ul>	
Referral to:   First Available   Specific Physician (Name	e)	
Patient Name		
Patient Phone	DOB	Please FAX
Diagnosis		insurance
Ordering Physician's Name (Please print.)		information and appropriate clinical notes to 303.643.4510.
Signature	Phone	