VIRA
Vascular & Interventional Radiology Associates
OF CENTRAL GEORGIA

Referral Form

215 Sheraton Blvd, Suite 2 | Macon, GA 31210
Phone: (478) 757-8868 | Fax: (888) 371-1401
viralegs.com

Thank you for your referral to our practice. We ask that you please forward the following records including the **LAST OFFICE NOTES, X-RAY REPORTS, DEMOGRAPHICS** and a **COPY OF ALL INSURANCE CARDS**. Please complete and return this referral sheet along with the requested information and we will notify your office with the appointment. Thank you again for trusting VIRA with your patients.

Patient Name:

Patient Phone: **DOB:**

Referring Provider:

Practice Contact:

Practice Phone:

Practice Fax:

To be completed by office staff

Appointment Date:

Appointment Time:

Appointment Location:

Vascular & Interventional Radiology Services

To schedule a consultation or for more information about vascular and interventional services, please call **(478) 757-8868** or fax your order to **(888) 371-1401**.

Reason for referral:

☐ **Spine Intervention**

- ☐ Vertebral Compression Fractures
- ☐ Epidural Steroid Injections
- ☐ Facet Injections
- ☐ Medial Branch Root Ablation for Facet Pain
- ☐ Cord Stimulator Trial/Insertions
- ☐ Other______________________________

☐ **Gynecologic / Urologic Intervention**

- ☐ Uterine Fibroid Embolization
- ☐ Uterine Artery Embolization
- ☐ Pelvic Congestion
- ☐ Varicoceles
- ☐ Other______________________________

☐ **Peripheral & Arterial Interventions**

- ☐ Claudication
- ☐ Peripheral Artery Disease (PAD)
- ☐ Abnormal Arterial Study
- ☐ IVC Filter Placement
- ☐ IVC Filter Removal
- ☐ Other______________________________

Special Procedures:

☐ **Headaches / Facial Pain : (Migraine, Cluster, Tension, Head & Neck Pain)**

- ☐ Sphenopalatine Ganglion Block

☐ **Oncologic Interventions**

- ☐ Radiofrequency Ablation of Tumor
- ☐ Cryoablation of Tumor
- ☐ Vertebral Body Tumor Ablation (OsteoCool)
- ☐ Chemo-embolization of Tumor, Sirtex
- ☐ Chemotheraphy Port Placement

☐ **Venous Reflux**

- ☐ Venous Insufficiency
- ☐ Varicose Veins
- ☐ Spider Veins
- ☐ Leg Pain, Cramps, Itching, Burning
- ☐ Leg Swelling, Heaviness or Tiredness
- ☐ Restless Legs
- ☐ Skin Discoloration Legs/Ankles

☐ **Thyroid FNA (or other FNA)**

- ☐ Paracentesis
- ☐ Other______________________________

☐ **Ultrasound Services**

- ☐ Thyroid
- ☐ Vascular (arterial or venous insufficiency)
- ☐ DVT or Thrombophlebitis Study:
  - Legs (Right Left Both)
  - Arms (Right Left Both)
- ☐ Abdomen (Liver/Gallbladder/Spleen, etc.)
- ☐ Renal or Renal Vasular
- ☐ Aorta Screening (or Follow-up Aneurysm)
  - ☐ Carotid
- ☐ Soft Tissue (mass/lump/bump)
- ☐ Other______________________________

☐ **Other Service /** Procedure Intervention Not Listed:

- ☐ Other______________________________