



radiology
CONSULTANTS
sub-specialty imaging & intervention

Interventional Radiology Clinic

Name: _____ Date of Birth: _____ - _____ - _____

Appointment Date: _____ - _____ - _____ Appointment Time: _____ am pm

Please send all pertinent imaging, labs and physician notes on the patient.

Procedure: _____

Diagnosis: _____

Referring Physician: _____

Please call one of our nurses if you have any questions.

Angiography and Venography • Angioplasty • AVM Embolization • Biliary Drainage and Stenting • Biopsy • Catheter-directed Thrombolysis • Celiac Plexus Block • Chemoembolization • Cryoablation • Dialysis Access and Interventions • Embolization for Arterial GI Bleeding • Endovascular Aneurysm Repair (Abdominal & Thoracic) • Epidural Steroid Injection • Facet Injection • Inferior Vena Cava Filter Placement and Removal • Irreversible Electroporation/IRE (NanoKnife™) • Kyphoplasty & Vertebroplasty • Lumbar Puncture • Microwave Ablation • Myelography • Nephrostomy Placement • Nerve Root Block • Percutaneous Abscess Drainage • Radioembolization (Y90) • Sacroiliac Joint Injection • Suprapubic Urinary Drainage • Transjugular Intrahepatic Portosystemic Shunt (TIPS) • Trigger Point Injection • Tunneled Drainage Catheter Placement (PleurXTM) • Ureteral Stenting • Uterine Fibroid Embolization/Uterine Artery Embolization for Fibroid Treatment • Varicocele Embolization

501.303.8566 | Nurse

501.227.5240 | Clinic Direct Line/Scheduling

501.221.9615 | Fax

501.202.4680 | Direct Hospital Scheduling/Inpatient Nurse Phone

501.202.2125 | Direct Hospital Scheduling/Inpatient Nurse Fax

www.radconlittlerock.com