



Interventional Radiology
Patient Referral Form

CONSULT URGENCY:
651.917.9930

SPR IR Scheduling:
t: 651.917.9930
f: 651.649.3040
www.StPaulRad.com

Date: _____
Primary Doctor: _____
Doctor Phone #: _____

Place Patient Label Here

☐ Urgent 1-2 Days ☐ 1-2 Weeks ☐ 1 Month

Patient Information

Patient Name: _____ ☐ M ☐ F Date of Birth: _____ MRN: _____
Home #: _____ Cell #: _____ Work #: _____
Insurance Company: _____ Policy/Group #: _____
Employer: _____
Clinical History: _____
Diagnosis/Indications: _____
Previous Films (Type/Where Completed): _____

Physician Information

Physician Name: _____ Clinic: _____
Physician Signature: _____ Office #: _____ Fax #: _____
Special Instructions: _____

Evaluate & Manage

<input type="checkbox"/> PVD / Claudication / Limb Ischemia	<input type="checkbox"/> Mesenteric Angina / Ischemia	<input type="checkbox"/> Varicocele Embolization
<input type="checkbox"/> Renal Artery Stenosis	<input type="checkbox"/> Abdominal Aortic Aneurysm	<input type="checkbox"/> Symptomatic Varicose Veins
<input type="checkbox"/> Thoracic Aortic Aneurysm / Dissection	<input type="checkbox"/> DVT	<input type="checkbox"/> Symptomatic Uterine Fibroids
<input type="checkbox"/> IVC Filter Retrieval	<input type="checkbox"/> IVC Filter Placement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chemo Embolization	<input type="checkbox"/> Radio Frequency Ablation / Cryotherapy	_____

Consult with Interventional Radiology Medical Staff:

<input type="checkbox"/> Amanjit Baadh, MD	<input type="checkbox"/> Andrew Hartigan, MD	<input type="checkbox"/> Kevin Nguyen, MD
<input type="checkbox"/> Andrew Bunney, MD	<input type="checkbox"/> Jorge Leon, MD	<input type="checkbox"/> Cory Nordman, MD
<input type="checkbox"/> Timothy Goertzen, MD	<input type="checkbox"/> Matthew Loe, MD	<input type="checkbox"/> No Preference

Neuro Interventional Radiology

<input type="checkbox"/> Cerebral Aneurysm	<input type="checkbox"/> Intracranial Stenosis	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Vertebroplasty / Kyphoplasty	<input type="checkbox"/> Cerebral Vascular Malformation	_____
<input type="checkbox"/> Carotid Stenosis	<input type="checkbox"/> Vertebral Bone Biopsy	

Consult with Interventional Radiology Medical Staff:

<input type="checkbox"/> Jason Carroll, MD	<input type="checkbox"/> Jeffrey Lassig, MD	<input type="checkbox"/> Collin Torok, MD
<input type="checkbox"/> James Goddard III, MD	<input type="checkbox"/> Michael Madison, MD	<input type="checkbox"/> No Preference

Notes: _____

St. Paul Radiology Interventional Clinic Directions Map



Free parking is available in the St. Paul Radiology lot off Thompson Street. If parking is unavailable in our lot, please proceed to the Gold Ramp (located on Smith Avenue). Please bring your ticket with you for parking validation at our front desk.

Clinic Address:

250 Thompson Street
St. Paul, MN 55102

Clinic Hours:

By Appointment, Monday—Friday

Interpreter Services:

Available, please provide notification at the time of scheduling.

www.StPaulRad.com

MAIN OFFICE

166 4th Street East
St. Paul, MN 55102

ADMINISTRATION

t: 651.292.2000
f: 651.292.2192

BILLING

t: 1.877.566.0695
f: 651.297.6499

MEDICAL RECORDS

t: 651.602.7220
f: 651.292.2193