

3704 North Boulevard
Alexandria, LA 71301
Phone 318-445-9700
Fax 318-473-0003



PHYSICIAN'S EXAM REQUEST FORM

PATIENT NAME _____ DOB _____ SS# _____
ADDRESS _____ PHONE _____ ALT# _____
CITY, STATE _____ ZIP _____
DIAGNOSIS _____ ICD 9 _____

CONSULTS

- ☐ *Peripheral Vascular Disease*
- ☐ *Carotid Arterial Disease / Carotid Stent*
- ☐ *Renovascular Disease*
- ☐ *Abdominal Aortic Aneurysm*
- ☐ *Biopsy*

Venous Disease

- ☐ *Thrombolysis for DVT*
- ☐ *IVC Filter Placement*
- ☐ *Spider Vein Therapy*
- ☐ *Varicose Vein Therapy*
- ☐ *Testicular Vein Embolization*

Oncologic Intervention

- ☐ *Radiofrequency Ablation of Tumor*
- ☐ *Chemoembolization of Tumor*
- ☐ *Intrathecal Chemotherapy Administration*

PROCEDURES

Angiography

- ☐ *Angioplasty/Stent*
- ☐ *Carotid Angiography*
- ☐ *Carotid Stent*
- ☐ *Cerebral Angiography*
- ☐ *Abdominal Angiography with Run off*
- ☐ *Renal Angiography*
- ☐ *Carbon Dioxide Angiography*

Venous Access Device Placement

- ☐ *PICC*
- ☐ *Port*
- ☐ *Groshong*
- ☐ *CVL*
- ☐ *Dialysis Catheter Tunneled*
- ☐ *Temporary Dialysis*
- ☐ *Dialysis Catheter Temporary*

Pain Management

- ☐ *Kyphoplasty*
- ☐ *Vertebroplasty*
- ☐ *Epidural*
- ☐ *Nerve Root*
- ☐ *Facet Injection*
- ☐ *SI Joint*
- ☐ *Hip Joint*

- ☐ *Hemodialysis Access Management*
- ☐ *Percutaneous Gastrostomy Tube*
- ☐ *Fallopian Tube Recanalization*

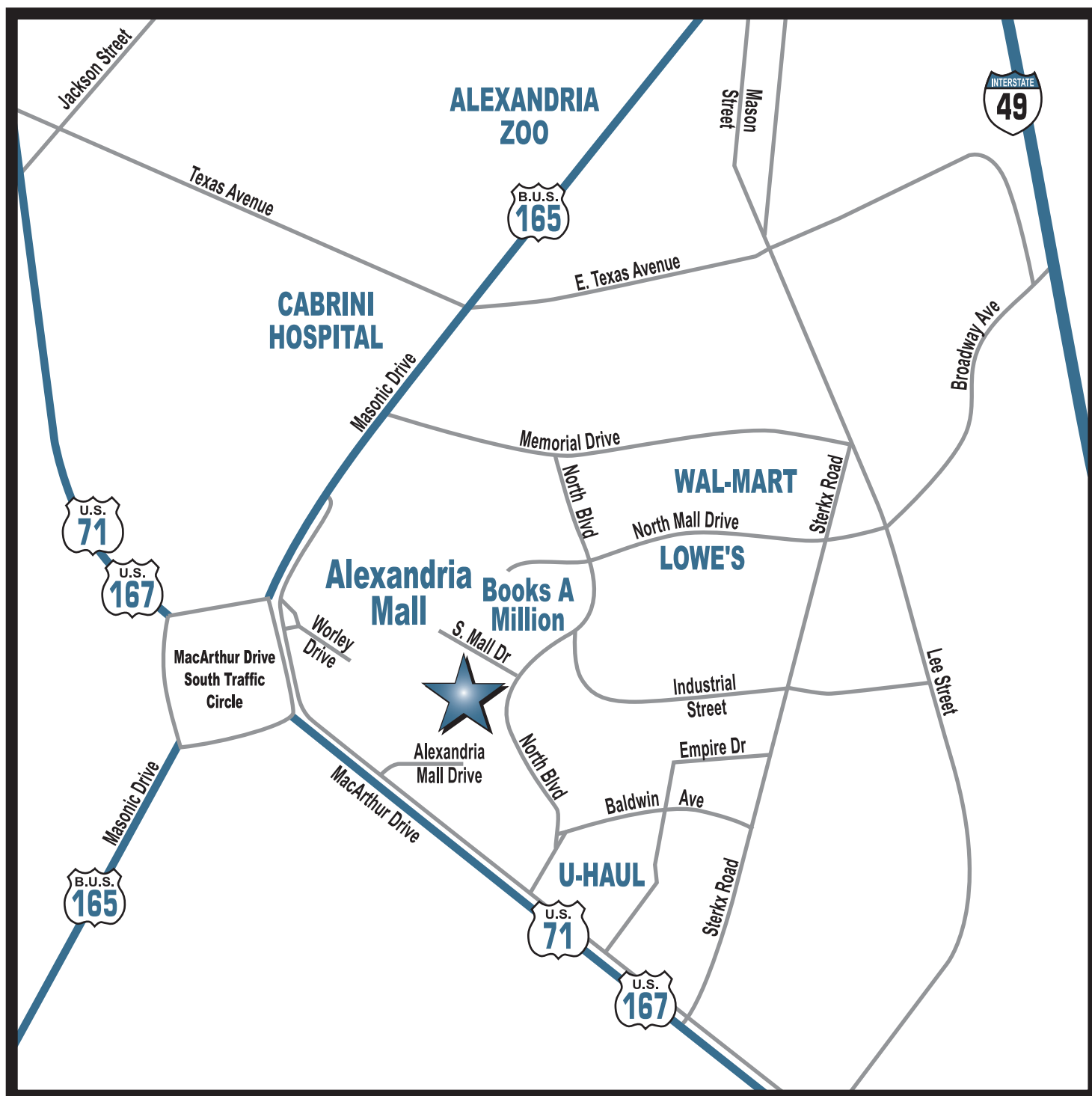
Miscellaneous Procedures

- ☐ *Thoracentesis*
- ☐ *Paracentesis*
- ☐ *Lumbar Puncture*

SPECIAL INSTRUCTIONS _____

RETURN
APPOINTMENT _____

PHYSICIAN'S SIGNATURE _____ **DATE** _____



MIIGS

MINIMALLY INVASIVE IMAGE
GUIDED SPECIALISTS

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