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MIIGS
MINIMALLY INVASIVE IMAGE GUIDED SPECIALISTS

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*
- ❑ *Renovascular Disease*
- ❑ *Abdominal Aortic Aneurysm*
- ❑ *Biopsy*

Venous Disease

- ❑ *Thrombolysis for DVT*
- ❑ *IVC Filter Placement*
- ❑ *Testicular Vein Embolization*

PROCEDURES

Angiography

- ❑ *Angioplasty/Stent*
- ❑ *Abdominal Angiography with Run off*
- ❑ *Renal Angiography*
- ❑ *Carbon Dioxide Angiography*

Venous Access Device Placement

- ❑ *PICC*
- ❑ *Port*

Pain Management

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

Miscellaneous Procedures

- ❑ *Lumbar Puncture*
- ❑ *Arthrograms*
- ❑ *Myelograms CTL*

SPECIAL INSTRUCTIONS _____

_____

RETURN APPOINTMENT _____

PHYSICIAN'S SIGNATURE _____ **DATE** _____