

# UCSF Medical Center

## Imaging

Neurointerventional Radiology  
UCSF Medical Center  
505 Parnassus Ave, Room L349  
San Francisco, CA 94143-0628

Phone (415) 353-1863  
Fax (415) 353-8606

<https://radiology.ucsf.edu/patient-care/sections/neuro-ir>

Randall T. Higashida, M.D.  
Van V. Halbach, M.D.  
Christopher F. Dowd, M.D.

Steven W. Hetts, M.D.  
Daniel L. Cooke, M.D.  
Matthew Amans, M.D.

### REFERRAL FORM

Thank you for choosing to refer your patient to us. To start the referral process, please fax this completed form to the Neurointerventional Radiology at **415-353-8606** along with:

\* **Brief pertinent medical records, including test results that support the consultation**

Send CD loaded with Radiological images ie angiogram, MRI/MRA, CT, CTA etc in DICOM format to: Neurointerventional Radiology Box 0628, UCSF Medical Center, 505 Parnassus Ave, Rm L349, San Francisco, Ca 94143. Attn: Christine Nguyen

If you require additional assistance, please call 415-353-1869 and ask for Christine Nguyen

#### PATIENT INFORMATION

Name of patient \_\_\_\_\_

DOB: \_\_\_\_\_ Interpreter needed: Yes No Language: \_\_\_\_\_

Hm ph: \_\_\_\_\_ Wk ph: \_\_\_\_\_ Cell ph: \_\_\_\_\_

If child, name of parent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance: Include patient's insurance card (both sides) and HMO authorization if required

#### CONSULTATION REQUEST INFORMATION

Diagnosis/ICD-10: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

By providing the information requested and signing below, you agree that we may initiate treatment following consultation or perform medically necessary diagnostics, in association with this consultation. We look forward to collaborating with you on your patient's treatment plan.

#### REFERRING PHYSICIAN INFORMATION

Referring MD: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PCP name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

NOTICE OF CONFIDENTIALITY: This is a confidential fax and is intended solely for the person indicated above. If you are not the intended person, you are hereby notified of the confidential nature of this fax and that you are not entitled to read, copy or otherwise disseminate any of the information contained herein.