

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>

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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:**
UCSF Medical Center, Neurointerventional Radiology Campus Box 0628
505 Parnassus Ave, Rm L349, San Francisco, CA 94143.
(note: Images can also be uploaded via Lifelimage. Please call 415-353-1863 for more info.)

Any missing items may delay the referral review process.

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.