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

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: ______________________________
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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.