



Outpatient Interventional Radiology Clinic



12401 Washington Blvd.
Whittier, CA 90602
P: 562.698.0811
TDD: 562.696.9267

ACT: MR:
DOB: ADM:

Phone: 562. 698.0811, Ext. 17098 FAX: 562.789.5455

Date of Order _____

Patient Name _____ DOB _____ MR# _____

Diagnosis _____

Reason _____ Current Problems _____

[] Routine [] Urgent [] STAT

Consultation/Treatment Requested

- [] Venous Duplex US LE Bilateral
[] Venous Duplex US LE Unilateral [] R [] L
[] Arterial Duplex US LE Bilateral
[] Arterial Duplex US LE Unilateral [] R [] L
[] Kyphoplasty Level _____
[] Vertebroplasty Level _____
[] MRI _____
[] CT _____
[] Extremity Arteriogram with Endovascular Treatment
[] Cerebral Arteriogram [] R [] L
[] TACE (Transarterial Chemo Embolization)
[] Vein RFA (Radio Frequency Ablation) [] R [] L
Vein _____
[] Sclerotherapy
[] IVC (Inferior Vena Cava) Filter Removal
[] Tumor Ablation
[] Right Leg Angiogram with Endovascular Treatment
[] Left Leg Angiogram with Endovascular Treatment
[] Clinic Follow-Up
[] Other _____
[] General Anesthesia
[] Overnight SAU post-procedure
[] Referral for Consultation with _____

Diagnosis/Clinical Information

ICD10 Code/Symptoms _____

Please fax all pertinent patient demographics, insurance cards, and clinical notes/reports to 562.464.5018 and have patient bring diagnostic films to the consultation.

Interventional Radiologist to perform exam:

- [] Sabeen Dhand, M.D. [] Any
[] Rodger Hughes, M.D.
[] Joseph Park, M.D.
[] Yong Park, M.D.

Ordering Physician Signature _____ Date _____