



### Referral Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Referring Physician Signature: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Evaluation and Treatment of: \_\_\_\_\_

Referring physicians please fill out form, attach the necessary documentation, and fax to **(540) 686-1601**.  
If you are a patient that has a referral and you have not been scheduled please call us at **(540) 686-1600**.

### Vascular and Interventional Radiologists

**Dr. Nabeel Arastu, MD**

**Dr. Joseph Couvillon, MD**

**Dr. Robert Foust, MD**

**Dr. Michael Ho, MD**

**Dr. Harvinder Jagait, MD**

#### Comprehensive Vein Center

- Recurrent DVT
- Venous Leg Ulcers
- Varicose Veins
- May-Thurner Syndrome

#### Lower Extremity Ulcer

- Leg Ulcer Vascular Evaluation

#### Peripheral Arterial Disease

- Claudication
- Arterial Leg Ulcer/Rest Pain
- Mesentric Ischemia
- Carotid Artery Disease

#### Women's Health

- Uterine Fibroid Embolization
- Pelvic Venous Congestion

#### Men's Health

- Prostate Artery Embolization for Enlarged Prostate
- Varicocele Embolization

#### Kidney Mass

- Ablation: Cryo, Microwave, RFA

#### Liver Disease and Cancer

- TIPS for Ascites
- Y-90 Radioembolization
- TACE Chemoembolization
- Ablation: Cryo, Microwave, RFA

#### Spine Treatment

- Compression Fracture: Kyphoplasty/Vertebroplasty
- Back pain: Epidural Steroid Injection (ESI)