Queens
Endovascular Center
Affiliated with American Endovascular

John Rundback, MD • Kevin Herman, MD

PATIENT REFERRAL INFORMATION

Uterine Fibroid Embolization (UFE)

To be completed by referring physician (please print all information)

PATIENT NAME (first and last): _____

PHONE (home): _____ (mobile): _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

LANGUAGE ACCOMMODATION? ___ YES ___NO Specify:_____

REFERRING PROVIDER: _____ NPI#: _____

PHYSICIAN SIGNATURE: _____ DATE:_____

Diagnosis
please check all that apply

- ☐ Submucosal Fibroids
- ☐ Subserosal Fibroids
- ☐ Intramural Fibroids
- ☐ Pedunculated Fibroids
- ☐ Menorraghia
- ☐ Dysmenorrhea
- ☐ Adenomyosis

Additional Information Needed
if available

- ☐ PAP Smear Results
- ☐ Endometrial Biopsy Results
- ☐ Imaging Studies
- ☐ Anticoagulants? Yes No
- ☐ Allergies? Yes No

IF YES, DESCRIBE:

_____

_____

To refer a patient, please fax completed form to: 718.395.6269

Please include patient demographics, H&P, insurance card,
imaging studies, and endometrial biopsy results.

Please provide patient with our brochure and contact information, and
make her aware that she will be contacted by our office to schedule the consultation.

28-18 31st Street, 2nd Floor, Astoria, New York 11102
PHONE: 718.395.6247 | FAX: 718.395.6269 | americanendovascular.com

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