REFERRAL FORM

UCSF Medical Center – Neuroendovascular Surgery
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Thank you for choosing to refer your patient to us. To start the referral process, please fax this completed form to **415-353-8606** along with:

- **Brief pertinent medical records, including test results that support the consultation**
- **Send all Radiological images (ie angiogram, MRI/MRA, CT, CTA etc in DICOM format) electronically via Lifeimage/Powershare/Ambra or if these services are unavailable, send CDs to the address listed above.**

Any missing items may delay the referral review process.

PATIENT INFORMATION

Name of patient_____ DOB: _____Interpreter needed: Yes No Language: _____ Hm ph: _____Cell ph: _____(Indicate the primary number) If child, name of parent:_____
Address:_____
City/State: _____ Zip: _____
Insurance: Include patient's insurance card (both sides) & prior authorization if required

CONSULTATION REQUEST INFORMATION

Diagnosis/ICD-10: (check all that apply)

- ☐ Brain aneurysm
- ☐ Brain arteriovenous malformation (AVM)
- ☐ Brain tumor
- ☐ Head/neck tumor
- ☐ Vascular malformation
- ☐ Carotid artery disease & stenosis
- ☐ Chronic subdural hemorrhage
- ☐ Cushing's syndrome
- ☐ Dissection of carotid/vertebral arteries
- ☐ Dural arteriovenous fistula (DAVF)
- ☐ Idiopathic intracranial hypertension
- ☐ Intracranial atherosclerosis
- ☐ Retinoblastoma
- ☐ Spinal AVM or DAVF
- ☐ Stroke – acute ischemic or hemorrhagic
- ☐ Other_____
  _____
  _____
  _____

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.