

MICHAEL SWIKEHARDT, MD

Interventional Radiology Consultation & Referral Form

In collaboration with Pueblo Radiology

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Attention: Michael Swikehardt, MD

www.mnsmd.com

CONSULTATION REQUEST

Prostate Artery Embolization (PAE)

Benign Prostatic Hyperplasia (BPH)

Uterine Fibroid Embolization (UFE)

Symptomatic Fibroids

Interventional Oncology Consultation

Y-90 Radioembolization

Portal Hypertension / TIPS

DVT / PE Evaluation

Other: _____

PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Insurance: _____

Preferred Language: English Spanish Other _____

REFERRING PROVIDER

Referring Physician: _____

Clinic / Practice: _____

Phone: _____

Fax: _____

CLINICAL INFORMATION / REASON FOR REFERRAL

AVAILABLE IMAGING

- Ultrasound
- CT
- MRI
- Outside Imaging Available
- Imaging Available in Cottage PACS

Please fax referral, recent clinic notes, and imaging reports if available.

Our team will contact the patient directly to coordinate consultation and review candidacy for minimally invasive treatment options.

Minimally Invasive, Image-Guided Therapies