

NEURO INTERVENTIONAL RADIOLOGY

Please fax order: (626) 737-2578

625 So Fair Oaks, Suite 345 Pasadena, CA 91105 Patient Advocate: (626) 737-2563

Patient Name			Date of Birth		
Patien	t Phone		·		
			Physician PhonePhysician Fax		
Specia	Instructions:				
	Neuro Intervent	tional R	adiology Procedures for the followi	ng Diag	nosis:
	Cerebral aneurysm		Head and neck tumors		Spinal vascular malformations
	Brain arteriovenous		Intracranial atherosclerosis		Traumatic vascular lesions
	malformation (AVM)		Juvenile nasopharyngeal		Vasospasm
	Carotid-cavernous fistula (CCF)		tumor		Vertebral body tumors
	Dural arteriovenous fistula		Meningiomas		Vertebral body compression
	Extracranial (brachiocephalic)		Nosebleeds		fracture
	atherosclerosis		Paragangliomas		
	Extracranial (head and neck) and paraspinal vascular		Stroke		

Please also include the following with this order:

Fax patient's clinicals to: (626) 737-2578

malformations

Mail patient's prior images and radiology report (if not completed with Hill Medical) on a CD to: 625 So Fair Oaks, Suite

180 Pasadena CA 91105, ATTN: Frances Pineda. Office consultation authorization (if applicable) Additional images may be required (if applicable)

^{*}Patient's initial consultation with the doctor will be located at 625 So Fair Oaks, Suite 345, Pasadena CA 91105*