



**VASCULAR &
INTERVENTIONAL
PHYSICIANS**



VIP OFFICE

6685 NW 9th Blvd., Gainesville, FL 32605
(352) 333-7VIP (7847) · FAX (352) 333-0990

Name: _____ DOB: _____ M / F: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Dr. Phone: _____

SS#: _____

☆ **Your Appointment** Date: _____ Time: _____ ☆

Dr. Name: _____ Dr. Phone: _____ Dr. FAX: _____

SEND CD/DVD VIA PATIENT COPY TO: _____

DX History & Notes: _____

Referring
Provider

X: _____ / _____

Insurance:

Physician's Signature:

Date:

*Requires Initial Consultation

| Arterial | Aspiration/Drainage | Arthrogram/Joint Injections | | | |
|---|--|--|-------|--------------------------------|-------|
| Peripheral Arterial Disease Consult (PAD)* | Existing Drainage Catheter Evaluation | MR Arthrogram | | CT Arthrogram | |
| BPH / Prostate Artery Embolization* | Location: | Shoulder | L / R | Shoulder | L / R |
| Lower Extremity Arterial Testing (ABI) | Seroma/Abscess Evaluate and Drain | Hip | L / R | Hip | L / R |
| Genicular Artery Embolization* | Location: | Wrist | L / R | Wrist | L / R |
| Gynecologic/Pelvic Procedures | Thoracentesis: | Knee | L / R | Knee | L / R |
| Hysterosalpingogram | Diagnostic - Labs on Fluid (Attach List) | Ankle | L / R | Ankle | L / R |
| Uterine Fibroid / Uterine Artery Embolization* | Therapeutic | Ultrasound | | | |
| Pelvic Venous Insufficiency* | Paracentesis: | Aorta Duplex | | | |
| Oncology | Diagnostic - Labs on Fluid (Attach List) | Renal Duplex L / R / B | | | |
| Radiofrequency Ablation (RFA) (Specify Site)* | Therapeutic | Carotid Duplex | | | |
| Cryoablation (Specify Site)* | Pleurx Drain Placement | Abdominal Duplex | | | |
| Selective Internal Radiation Therapy (SIRT)/Y90 | G/GJ Tube: | Upper Extremity Arterial Duplex | | L / R / B | |
| Port Placement | Placement | Upper Extremity Venous Duplex | | L / R / B | |
| Port Removal | Removal | Lower Extremity Arterial Duplex | | L / R / B | |
| Arteriography | Exchange | Lower Extremity Venous Duplex | | L / R / B | |
| Abdominal Aortogram / Runoff (Lower Extremity)* | Cholangiogram w/ Biliary Catheter/Stent Eval | Dialysis | | | |
| Renal Artery* | Neph Tube/SP Tube: | HDC Placement | | | |
| Arch & Carotid/Cerebral* | Placement | HDC Removal | | | |
| Mesenteric Artery* | Removal | HDC Evaluation / Revision | | | |
| Upper Extremity* L / R / B | Exchange | AV Fistulagram Non-Clotted | | | |
| Venous | Biopsy (Imaging Review Required) | AV Fistulagram Clotted | | | |
| Tunneled Cath (CVC): | Soft Tissue / Neck | Request for IR Consult: | | | |
| Placement | Lymph Node (Specify Site): | Be specific- VIP may contact referring office for further information: | | | |
| Removal | Lung L / R | | | | |
| Eval / Exchange | Liver | | | | |
| IVC Filter*: | Kidney L / R | | | | |
| Placement | Bone Marrow | VIP TECH ONLY: | | | |
| Removal | Bone (Please Specify Site): | | | | |
| Deep Vein Thrombosis (DVT) Consult | Fine Needle Aspiration (Other Than Breast): | | | | |
| Vertebral Body Augmentation | (Specify Site) (No Thyroid): | Comparison Studies: | | | |
| Vertebroplasty / Kyphoplasty (Consult/Treat as needed) (Imaging Review Required): | | <input type="checkbox"/> DIG | | <input type="checkbox"/> NFRMC | |
| Sacroplasty (Consult/Treat as needed) (Imaging Review Required): | Other Type of Biopsy (Specify Site): | History: | | | |
| Fracture Levels: _____ | | | | | |

*Requires Initial Consultation

SEE OTHER SIDE FOR INSTRUCTIONS AND LOCATION

REV. 4/28/25

To print this form visit us online at www.DoctorsImagingGroup.com/VIP > PHYSICIANS RESOURCES > PHYSICIAN REFERRAL FORMS

PATIENT INSTRUCTIONS

SPINE PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.
- Patients with contrast dye allergy must be pre-medicated, please contact our office for instructions.
- Coumadin, Aspirin, Plavix and any other blood thinners must be discontinued 5 days prior to the procedure.
- Patients should bring their diagnostic studies (MRI, CT, X-rays) with them if they were not performed at our office or NF HCA
- Patients not to eat or drink 2 hours prior to lumbar procedures and 4 hours prior to cervical procedures.
- Patients should expect to spend a minimum of 2 hours in our office. This includes check-in, procedure and observation after the procedure.
- Spinal injections may not be performed on patients with existing illness or infection.
- Please contact our office nurse with any further questions.

BIOPSY PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.
- Coumadin, Aspirin, Plavix and any other blood thinners must be discontinued 5 days prior to the procedure.

ASPIRATION & PARACENTESIS/THORACENTESIS PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.

ARTERIOGRAM & VENOUS ACCESS PROCEDURES:

- Nothing to eat or drink 2 hours prior to the procedure.

UROLOGY PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.
- Nothing to eat or drink 4 hours prior to the procedure.
- All patients must arrive 30 minutes early.

DIALYSIS PATIENT INSTRUCTIONS:

- Nothing to eat or drink after midnight prior to procedure, except for morning medication.
- Hold the following medications the day of the procedure: Coumadin/ASA & Plavix.

XRAY, ULTRASOUND, & BMD PATIENT INSTRUCTIONS



DOCTORS
IMAGING
GROUP

XRAY, ULTRASOUNDS, & BMD

Phone: 352-331-9729 Fax: 352-331-9744

**XRAY & Bone Density are
performed at our VIP OFFICE**

• XRAY HOURS 8:00 AM - 4:00 PM

VIP OFFICE LOCATION



VASCULAR &
INTERVENTIONAL
PHYSICIANS

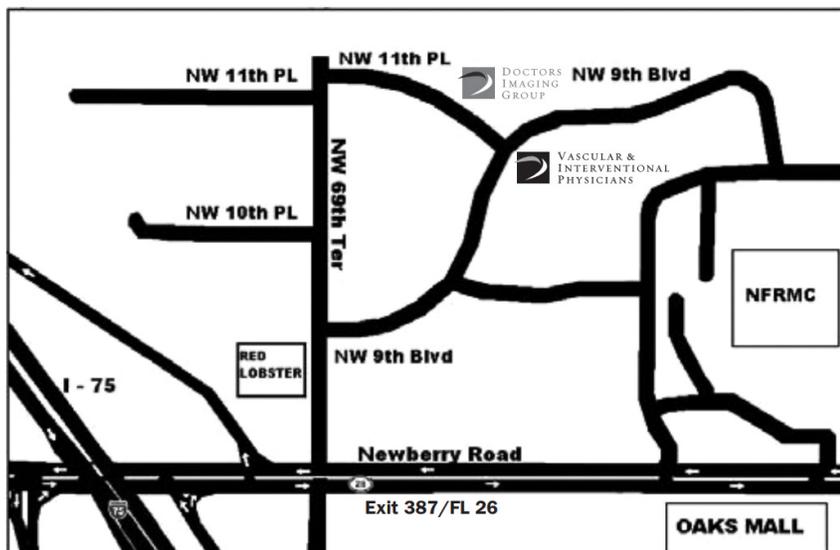
6685 NW 9th Blvd., Gainesville, FL 32605

Phone: (352) 333-7VIP (7847)

FAX (352) 333-0990

Hours: 7:30 a.m. - 4:30 p.m. M-F

• XRAY HOURS 8:00 AM - 4:00 PM



SEE OTHER SIDE FOR CONSULTATIONS AND EXAMS