



# Pittsburgh Fibroids

Pittsburghfibroids.com

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## REFERRAL FORM

Please fax recent clinic notes, imaging, testing, and procedures

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Evaluation and treatment of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EMBOLIZATION

- Uterine Fibroids with Uterine Artery Embolization
- BPH Prostate Enlargement with Prostate Artery Embolization
- Osteoarthritis Knee Pain with Genicular Artery Embolization
- Pelvic Venous Congestion with Ovarian Vein Embolization

### VASCULAR

- Peripheral Arterial Disease
- May-Thurner Vein Stenosis
- Leg Ulcer Wound

### SPINE PAIN

- Compression Fracture  
with Kyphoplasty