



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
- Internal Hemorrhoids with Embolization