

Interventional Radiology Referral Form

MSU Clinical Center, Ste A204 (2nd Floor)
804 Service Rd, East Lansing, MI 48824

Tax ID 83-2236308
NPI 1275165052

Patient Name _____ DOB _____ Phone _____
 Diagnosis/ICD Code(s) _____
 Reason for Test or Referral/Signs & Symptoms _____
 Male Female Weight _____ Preauthorization # _____

Please fax Referral Form with the following:

- Most recent History & Physical
- Insurance card(s)—front & back
- Most recent progress note(s)
- Relevant radiology report(s)—not from MSU
- Relevant pathology report(s)

BIOPSY

Percutaneous
 Area(s): _____

**INJECTION ANESTHESIS
EPIDURAL**

- Cervical/Thoracic-Single
- Lumbar-Single
- SI Joint Injection
- Blood Patch

**INJECTION ANESTHESIS
FACET JOINT**

- Cervical/Thoracic: Single
- Cervical/Thoracic: 2nd
- Cervical/Thoracic: 3 or more
- Lumbar/Sacral: Single
- Lumbar/Sacral: 2nd
- Lumbar/Sacral: 3 or more

MSK INJECTION

- Bursagram FL-guided
 Area(s): _____
- Intra-Articular Injection
 Area(s): _____
- Tendon Sheath Injection/Ligament
- Trigger Point Injection/Dry Needling

NEUROLOGICAL EXAMS

- Lumbar Puncture (LP)


NERVE BLOCK

- Nerve Block 1st level L/S Spine
 Level(s): _____
- Nerve Block add'l level L/S Spine
 Level(s): _____

MISCELLANEOUS

- Aspiration/Drainage
 Area(s): _____
- Percutaneous
- Other: _____

Referring Physician/Provider Information

Signature or stamp  _____
 Print Name _____

Form filled out by _____
 Office Phone _____
 Office Fax _____