Grant J. Yanagi, M.D.
Murali K. Meka, M.D.
Richard T. Falter, M.D.
Leroy Roberts Jr., M.D.
Lisa M. Hutchison, PA
Larra A. Creech, NP
Harry T. Ameredes, M.D.
David R. Fisher, M.D.
Lisa E. Pack, M.D.
Gretchen E. Green, M.D.

Valley VR Radiology

3186 Village Drive, Suite 201
Fayetteville, NC 28304
Phone: (910) 486-5700
Fax: (910) 486-5950

Referring Physician: _____

Contact Person: _____ Phone # _____ Fax # _____

PLEASE ATTACH H&P AND DEMOGRAPHIC SHEET

First Name _____ Last Name _____ MI _____ DOB _____

Street Address/P.O. Box _____ City _____ State/Zip _____

Home Phone# _____ Alternate Phone # _____ Social Security # _____

Insurance Information:

Primary Insurance: _____ Secondary Insurance: _____

Reason for Referral:

_____ Peripheral Vascular Disease
_____ Venous Insufficiency
_____ Varicose/Spider Veins
_____ Vascular Wounds

_____ T/L Spine Compression Fracture
_____ Lower Back Pain
_____ Joint Pain
_____ Cerebral Aneurysm

_____ Uterine Fibroids

_____ BPH for Prostate
_____ Pelvic Congestion Syndrome
_____ Varicocele

_____ TIPS - Cirrhosis

_____ Oncology
Specify Type: _____
_____ Ablative Therapy
_____ Catheter Directed Therapy/Embolization

Procedures:

Vascular Access
_____ Port-a-Cath
_____ PICC
_____ Permcath

Drainage Procedures
_____ Paracentesis
_____ Thoracentesis

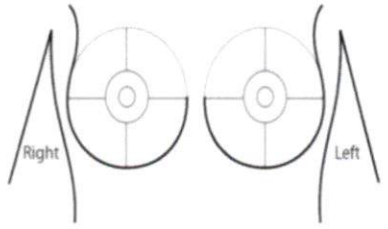
Biospies/Aspirations
_____ Thyroid FNA
_____ Liver
_____ Diagnostic Lumbar Puncture
_____ Other _____

_____ Breast
_____ US Guided Core Biopsy
_____ Cyst Aspiration (w/Core if Necess)
_____ Stereotactic Biopsy

Gastro/Urological
_____ Gastrostomy Placement
_____ Nephrostomy Placement
_____ Nephrostomy Exchange
_____ Nephrostogram

Injections
_____ Epidural Steroid
_____ Joint
R or L _____

Note Location _____



Previous Imaging: _____

Diagnosis (ICD-10): _____

****Physician Signature:** _____ **DATE:** _____

*****PLEASE ATTACH RECENT LABS, X-RAYS, OFFICE NOTES, MEDICATION LIST AND A COPY OF INSURANCE CARD(S)*****