



Patient Name: _____ Date of Birth: _____

Patient Phone #: _____ Insurance: _____

Diagnosis: _____

Women’s Health

- Uterine Fibroids (UFE/UAE)
- Adenomyosis (UFE/UAE)
- Pelvic Congestion Syndrome Treatment
- Other: _____

Men’s Health

- BPH (PAE)
- Varicocele Treatment
- Other: _____

Vascular Intervention

- PAD
(Claudication, Rest Pain, Non-healing Wound, etc.)
- Varicose Veins
- Venous Disease
- Other: _____

General IR Consultation

- Consult: _____

Musculoskeletal Embolization

- Embolization for Knee Pain (GAE)
- Frozen Shoulder/Adhesive Capsulitis
- Plantar Fasciitis Treatment (PFE)
- Other: _____

Thyroid Ablation

- Thyroid Nodule Ablation (RFA)
- Other: _____

Spine

- Vertebral Augmentation (Kyphoplasty, Vertebroplasty)
- Other: _____

Gastrointestinal (GI)

- Internal Hemorrhoids (HAE)

Referring provider (Print): _____ Signature: _____

Referring Practice Name: _____

Office Phone #: _____ Office Fax #: _____

Our experienced endovascular specialists focus on minimally invasive solutions that help patients recover faster while avoiding unnecessary surgery. Your patients will be cared for in a calm, outpatient environment designed for comfort and efficiency, and our team prioritizes clear, timely communication with you—sharing findings, treatment plans, and outcomes so you’re always informed and confident in their ongoing care.

If you’re filling this out online, please save the document and email it to info@carolinaendovascular.com.