MICHIGAN STATE UNIVERSITY HEALTHTEAM

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

Interventional Radiology Referral Form

Ph 517-353-4920 (Ext 4)
Fax 517-432-2243
www.rad.msu.edu

Tax ID 386005984
NPI 1891747614

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 addt'l level L/S Spine

Level(s): _____

MISCELLANEOUS

☐ Aspiration/Drainage

Area(s): _____

☐ Peracentesis
☐ Other: _____

Referring Physician/Provider Information

Signature or stamp X _____

Print Name _____

Form filled out by _____

Office Phone _____

Office Fax _____

Print, Sign & Fax

END OF FORM