



Referral Form Interventional Radiology

Referral Information

<p>In case of receiving this Referral Form from you (Referring Physician) via WhatsApp _____</p> <p>Kindly check <input type="checkbox"/> Should Shifa International Hospital contact your patient for coordination</p>	<p>Requested Service: <input type="checkbox"/> Procedure Required _____ <input type="checkbox"/> Procedure Code _____</p> <p>List of Interventional Radiology Procedures is available at the back side of the form</p>
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<p>Referral Type: <input type="checkbox"/> Standard (2 weeks) <input type="checkbox"/> Urgent (1 week) <input type="checkbox"/> Emergency (1 day)</p>	<p>Reason for Consultation: <input type="checkbox"/> New Diagnosis <input type="checkbox"/> Recurrent/Progressive Disease <input type="checkbox"/> Second Opinion</p> <p>Comments: _____</p>
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Patient's Information/ Demographics

<p>Name: _____</p>	<p>Age: _____</p>
<p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>City: _____ Province: _____</p>
<p>Telephone Number: _____</p>	<p>Address: _____</p>
<p>Cell No: _____</p>	
<p>Emergency Contact:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone: _____</p>	<p>Special Needs:</p> <p><input type="checkbox"/> Wheelchair <input type="checkbox"/> Portable Oxygen <input type="checkbox"/> Translator <input type="checkbox"/> Other : _____</p>

Physician's Information

<p>Referring Physician Name: _____</p>	<p>Date: _____</p>
<p>Hospital/ Clinic: _____</p>	<p>Phone: _____</p>
<p>Signature: _____</p>	
<p>Your contact information will help us to share with you details of treatment/ procedures of your referred patient.</p>	



0346-8551861
9AM to 5PM
Monday - Saturday

Dedicated Contact Number

- For scheduling appointments
- For sending patients prescriptions/ Referral Form through WhatsApp

Department of Interventional Radiology

Shifa International Hospital, Sector H-8/4, Islamabad, Pakistan | Ph: 051-8464646, 051-8464069

Interventional Radiology Procedures

IR01	Alcohol Ablation (U/S Guided)	IR32	Gastro Jejunostomy Placement
IR02	Angiography AV Fistula/Graft	IR33	Gastrostomy Placement
IR04	Angiography Carotid Stenting	IR34	Intra -Arterial Thrombolysis - Cerebral
IR03	Angiography Carotid	IR35	Intra-Vascular Foreign Body Retrieval
IR05	Angiography Cerebral(1)	IR36	Intra-Vascular Thrombolysis-Peripheral
IR06	Angiography Cerebral(2)	IR62	Nerve Block - CT
IR07	Angiography Follow up(Thrombolysis)	IR29	Parma Cath Removal
IR11	Angiography Inferior Vena Cava	IR37	Percutaneous Biliary Drainage
IR08	Angiography Peripheral	IR38	Percutaneous Biliary Stenting
IR09	Angiography Renal	IR39	Percutaneous Cholangiogram
IR10	Angiography Single Vessel	IR40	Percutaneous Cholecystostomy
IR12	Angiography Superior Vena Cava	IR28	Percutaneous Drain Placement
IR13	Angiography Visceral	IR41	Percutaneous Nephrostomy(Bilateral)
IR15	Angioplasty AV Fistula/Graft	IR42	Percutaneous Nephrostomy(Unilateral)
IR14	Angioplasty/Stenting Peripheral	IR43	Percutaneous Thrombin Inj(PSA)
IR16	Angioplasty/Stenting Renal	IR45	Perma Cath Insertion
IR17	Aortogram	IR44	Peripherally Inserted Central Cath
IR18	Biliary Cath Exchange	IR46	Pertosal Sinus Sampling
IR19	Brain Aneurysm Coiling	IR47	Portacath Placement
1860	Catheter Exchange (Level-I)	IR59	Portacath Removal
IR61	Catheter Exchange (Level -II)	IR58	Radio Frequency Ablation (RFA)
IR63	Catheter Recheck	IR48	Renal Vein Sampling
IR21	Central Venous Cath Tunneled	IR49	Trans Jugular Liver Biopsy
IR20	Central Venous Catheter	IR50	Trans Jugular Porto Systemic Shunt
IR22	Chemoembolization Liver	IR51	Trans Jugular Renal Biopsy
IR23	Cyst Ablation (U/S Guided)	IR52	Ureteral Stent (Bilateral)
IR24	Dialysis Catheter Non Tunneled	IR53	Ureteral Stent (Unilateral)
1R25	Embolization Avm Cerebral	IR54	Venography Lower Extremities
IR26	Embolization Gonadal Vein	IR55	Venography Upper Extremities
IR30	Embolization Uterine Artery	IR57	Venous Pressure Measurement
IR27	Embolization -Peripheral/Visceral	IR56	Venous Stenting
1831	Filter Placement IVC		