



**PrecisionIR**  
A Division of Michigan Healthcare Professionals, P.C.

**FOR SCHEDULING:**  
Phone: (947) 228-5500  
Fax: (947) 228-5501

**S. Andrew Vartanian, MD**  
**Jonathan Olsen, MD**  
**Michael Savin, MD**  
**Jessica Hans, PA-C**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Insurance: \_\_\_\_\_

PRIOR IMAGING:  CT  US  MRI  NUC MED  PET  X-RAY DATE: \_\_\_\_\_

Images on:  Infinitt  Beaumont  Other \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_ | Blood Thinner:  Y  N | If yes, blood thinner name: \_\_\_\_\_

### Interventional Oncology

Tumor Therapy Consult (tumor ablation, Y90, etc)

### Embolization

- Prostate artery embolization (PAE)
- Varicocele embolization
- Uterine artery embolization (UAE)
- Genicular artery embolization for knee OA (GAE)
- Hemorrhoid artery embolization (HAE)
- Other: \_\_\_\_\_

### General

- Port placement
- Port removal
- Pleural/peritoneal tunneled catheter placement
- Paracentesis
- Thoracentesis
- Other: \_\_\_\_\_

Referring provider (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Referring Practice Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_