WINCHESTER RADIOLOGISTS
EST. 1979

160 Exeter Drive • Suite 103 (First Floor) Winchester, VA
Located at Rt. 522 North & Rt. 37 in the TREX building
(P) 540.686.1600 • (F) 540.686.1601 • www.WinchesterRad.com

Interventional Radiology Clinic & Musculoskeletal/Orthopedic Clinic Order Form

Scheduling Outpatient Procedures

To schedule, reschedule, cancel, or for other assistance call 540.686.1600 from 8am - 5pm Monday through Friday. Voicemail is available 24/7.

Appointment Date: _____ Arrival Time: _____ Procedure Time: _____

Your procedure will be done at the Winchester Radiologists Clinic, see the map on the back of this form for directions.

Patient Name: _____ Date of Birth: _____

Required Diagnosis: _____ Required ICD10 Code: _____

Additional Information: _____

Physician/PA/NP Signature: _____

Call Report: _____ Phone: _____ Fax: _____

Interventional Radiology

- ☐ Arthrogram
- ☐ Bone Marrow Aspiration Biopsy
- ☐ Chest X-Ray 1 View
- ☐ Fistulagram/ Intervention
- ☐ G, GJ, J Tube Check/Replace/ Removal
- ☐ Lumbar Puncture
- ☐ Mediport
- ☐ Mediport Removal
- ☐ Myelogram
- ☐ Nephrostomy Tube Check/Change
- ☐ Paracentesis
- ☐ Peritoneal Dialysis Catheter Check
- ☐ PICC
- ☐ Thoracentesis
- ☐ Tunneled Line
  - ☐ Placement
  - ☐ Removal
- ☐ Vena Cava Filter
  - ☐ Placement
  - ☐ Removal

Vascular Ultrasound

- ☐ ABI Study
- ☐ DVT Complete
- ☐ DVT (R)
- ☐ DVT (L)
- ☐ EVLT
- ☐ HD Access Doppler
  - ☐ Elevated venous pressure (>200 mm)
  - ☐ Recirculation (>12%)
  - ☐ Unexplained urea reduction ratio (<60%)
  - ☐ Water hammer pulse on exam
  - ☐ AV Surveillance
- ☐ Sclerosis
- ☐ TIPS Ultrasound

MSK Ultrasound

Upper Extremity Non Vascular Complete

☐ R+ ☐ L+

- ☐ Shoulder
- ☐ Bicep
- ☐ Elbow
- ☐ Wrist
- ☐ Hand

Lower Extremity Non Vascular Complete

☐ R+ ☐ L+

- ☐ Pelvis ☐ Knee
- ☐ Hip ☐ Ankle
- ☐ Thigh ☐ Foot

Regenerative Medicine (Tendon/Joint)

- ☐ Consultation
- ☐ Platelet Rich Plasma Therapy (PRP)

Specific injection site:

MSK Tendon/Bursa/ Ligament Procedure

Upper Extremity Injection/Aspiration

☐ R+ ☐ L+

- ☐ Shoulder
- ☐ Bicep
- ☐ Elbow
- ☐ Wrist
- ☐ Hand
- ☐ Fingers

Specific injection site:

Lower Extremity Injection/Aspiration

☐ R+ ☐ L+

- ☐ Pelvis ☐ Ankle
- ☐ Hip ☐ Foot
- ☐ Thigh ☐ Toes
- ☐ Knee

Specific injection site:

☐ Other:

MSK Joint Procedure

Upper Extremity Joint Injection

☐ R+ ☐ L+

- ☐ Shoulder
- ☐ Elbow
- ☐ Wrist
- ☐ Hand
- ☐ Fingers

Specific finger joint:

Lower Extremity Joint Injection

☐ R+ ☐ L+

- ☐ SI Joint ☐ Ankle
- ☐ Hip ☐ Foot
- ☐ Knee

Specific Foot joint:

Diagnosis:	Radiologist's Signature:
Referral:	

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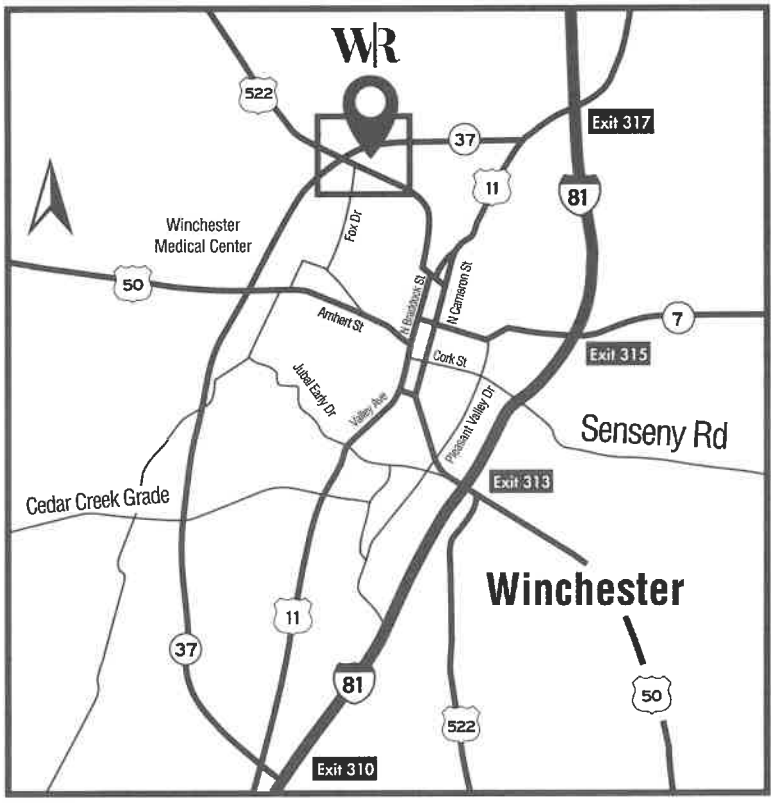
Interventional Radiology Clinic • Musculoskeletal/Orthopedic Clinic

Traveling from the South

- Take I-81 North to VA-37 North/Exit 310.
- Turn Left onto VA-37 N.
- Take US-522 Exit Toward Winchester.
- Turn Right onto N. Frederick Pike.
- Just past the second light, turn Left onto Exeter Dr.
- Drive around the back of the Trex Building for the Winchester Radiologists Entrance and Parking.



Traveling from the North

- Take I-81 South to US-11 Exit 317 toward VA-37.
- Keep right at the fork to go to Martinsburg Pike.
- Take US-522 Exit toward Winchester.
- Just past the second light, turn Left onto Exeter Dr.
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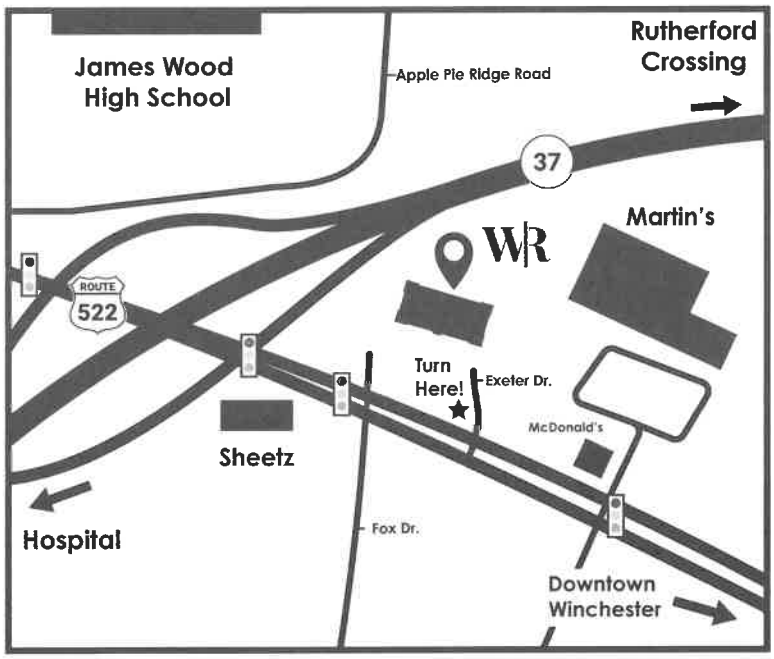

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Vascular and Interventional Radiology Referral Form for Wound Center and Podiatry

Patient Name: _____ Date of Birth: _____

Patient Phone: _____

Referring Physician Name: _____ Office Phone: _____

Referring Physician Signature: _____ Office Fax: _____

☐ Leg Ulcer **AND/OR** Lower Extremity Vascular Evaluation & Treatment

☐ Suspect ☐ Arterial ☐ Venous ☐ Both

Notes: _____

_____

_____

_____

And CTA and/or Venogram Abdomen Pelvis and Runoff for Peripheral Vascular Disease

This will be preauthorized by our office and performed the same day if needed.
Please supply a recent clinic note with complete leg ulcer description and history.

Check the following that apply:

- ☐ Kidney Disease
- ☐ Leg Pain
- ☐ Leg Swelling
- ☐ Diabetes
- ☐ Prior Stroke or TIA
- ☐ Prior Heart Attack
- ☐ Prior Deep Venous Thrombosis
- ☐ Prior Artery, Vein, or Bypass Procedure

For wound patients we will schedule the clinic visit on a day when the patient can then return to your wound center afterwards for redressing the wound. If this is not possible please supply patient with wound dressing materials for us to redress their wound.

Vascular and Interventional Radiologists

Dr. Harvinder Jagait, MD

Dr. Joseph Couvillon, MD

Dr. Robert Foust, MD

Dr. Preston Fox, MD

Dr. Brent Steadman, MD PhD

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Vascular and Interventional Radiology Referral Form for Wound Center and Podiatry

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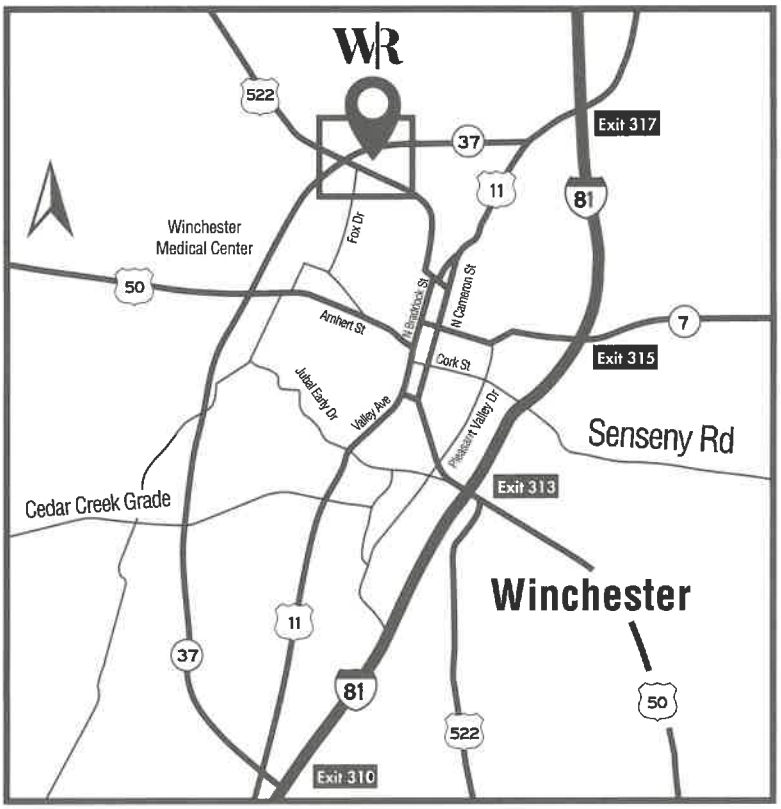

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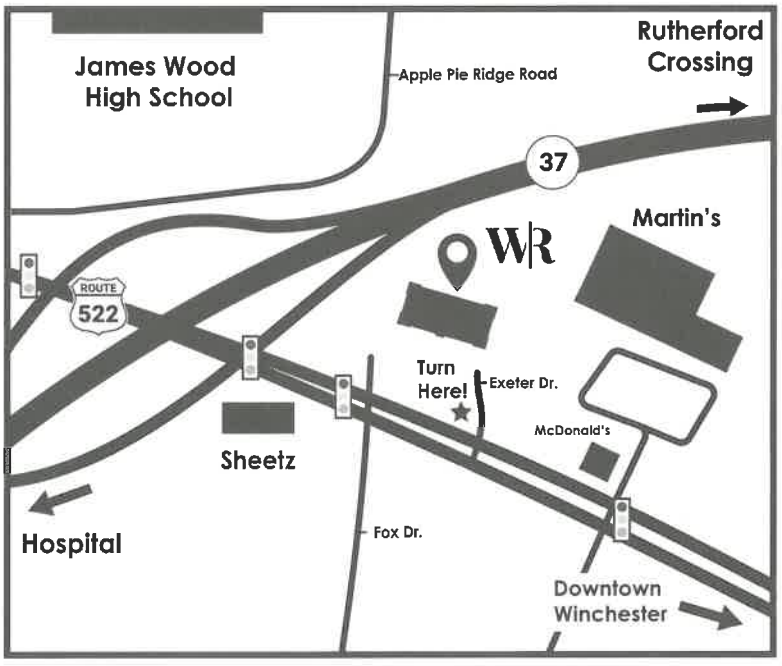
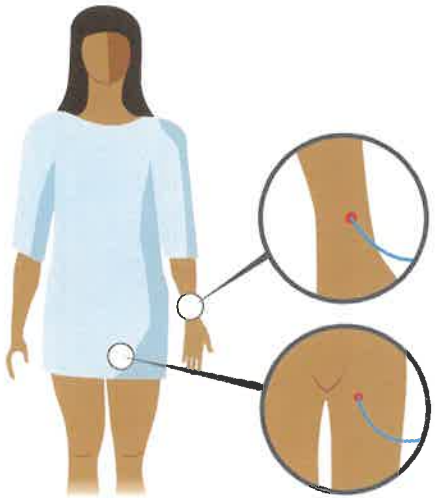
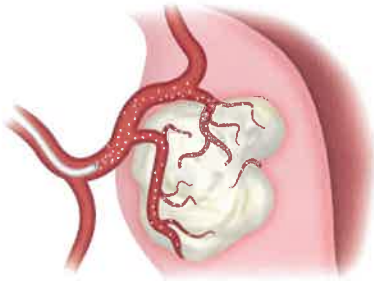


UFE is performed by an interventional radiologist (IR), a doctor who uses X-rays and other imaging techniques to see inside the body and treat conditions without surgery.

During the UFE procedure, you are given sedation medication but remain awake. The IR inserts a catheter (a thin, hollow tube) into your upper thigh or into your wrist to access your arteries. The IR then uses X-ray imaging to guide the catheter to your right or left uterine artery. Tiny round beads—each measuring the size of a grain of sand— are injected into the catheter and into your fibroid-feeding vessels. The tiny beads block the blood flow to the fibroids, causing the fibroids to shrink and alleviating symptoms. The embolization process is then repeated in your other uterine artery to completely block the blood flow to your fibroids. The particles are biocompatible and remain at the fibroid site.



Visit **ask4ufe.com/what-is-ufe/** to watch a video on UFE



Tiny particles, or microspheres, are injected into the blood vessels leading to the fibroids. The particles block the blood flow, causing the fibroid to shrink.

Fibroids After Embolization

After UFE, the fibroids shrink, scar and retract into the wall of the uterus. Some women may temporarily experience vaginal discharge, including expelled fibroid tissue.

Patients who are an ideal candidate for UFE include women who:

- Have symptomatic fibroids
- Want to keep their uterus
- Do not want surgery
- Want a faster recovery time
- May not be a good candidate for surgery

UFE and Pregnancy

You should not have this procedure if you are pregnant. The effects of UFE on the ability to become pregnant and carry a fetus to term, and on the development of the fetus, have not been determined.

While women can become pregnant after uterine fibroid embolization and have successful pregnancies, no scientific studies have fully established the safety of UFE on fertility and pregnancy. As with any medical intervention, you should discuss the most current clinical data with your doctor before deciding on the fibroid treatment option that is right for you.

Health Insurance Coverage for UFE

Most insurance companies cover UFE as a treatment for symptomatic fibroids. Discuss your coverage with your doctor or insurance provider before the procedure.

Risks Associated with UFE

UFE is a safe procedure for treating symptomatic fibroids with minimal risk. The most reported risk factors and complications associated with UFE are transient amenorrhea (temporary absence of menstrual period), short-term allergic reaction/rash, vaginal discharge/infection, mis-targeted embolization (when the embolic reaches heathy tissue), possible fibroid passage, and post-embolization syndrome, which can include low-grade fever, pain, fatigue, nausea and vomiting.

You should talk with your doctor about the risks associated with UFE.

Visit **ask4ufe.com/questions-for-your-doctor/** to help get the conversation going

Uterine Fibroids and Their Symptoms

Uterine fibroids are benign, non-cancerous growths in or on the walls of the uterus, or womb. They can range from less than an inch to more than six inches in diameter. African-American women and those with a family history are more likely to develop fibroids. Most fibroids are asymptomatic, and are only discovered when a woman has a routine pelvic examination. If you do experience fibroid symptoms, they may include:

- Heavy, prolonged menstrual periods, sometimes with clots
- Anemia (fatigue due to low red blood count)
- Pain or pressure between the hip bones or in the back of the legs
- Pain during sexual intercourse
- Urinary frequency
- Constipation or bloating
- An enlarged belly

Imagine a life **free of fibroid symptoms.**

Benefits of UFE[1]

	UFE	Hysterectomy
Hospital stay time	Usually performed as outpatient procedure	2.3 days
Recovery (Estimated days until returning to work or normal activity)	Less than 11 days	32.5 days
Experienced Complications (After 30 days)	12.7%	32%

1 Spies J, et al. Outcome of Uterine Embolization and Hysterectomy for Leiomyomas: Results of a Multicenter Study. American Journal of Obstetrics & Gynecology July 2004;191:1

What Women Are Saying About UFE

"Life is so much more full, happy, and wonderful since I've had UFE. I have a lot of energy. I get to go out with my friends and enjoy life like I did before I had fibroids."
— Gwen

"My experience with UFE was very positive. When I was trying to seek treatment in other places I just felt like I was being dismissed. I oftentimes felt like it was my fault that I had fibroids. That I was wasting people's time because I was trying to figure out what I was going to do."

— Carmen

"A hysterectomy should not be a first choice unless it's medically necessary. UFE is minimally invasive and I only needed one procedure. Above all, it gave me back my life."

— Shelly

To read more patient testimonials, visit **www.ask4ufe.com/patients**

Take back your life today. **Find out if UFE is right for you.**

Deciding on UFE

Your gynecologist or primary care physician can provide a referral to an interventional radiologist who can help you decide based on your medical history and the size and location of your fibroids. If you do not currently have a referring gynecologist, you can directly contact an interventional radiologist to schedule a UFE consultation.

ask4UFE™

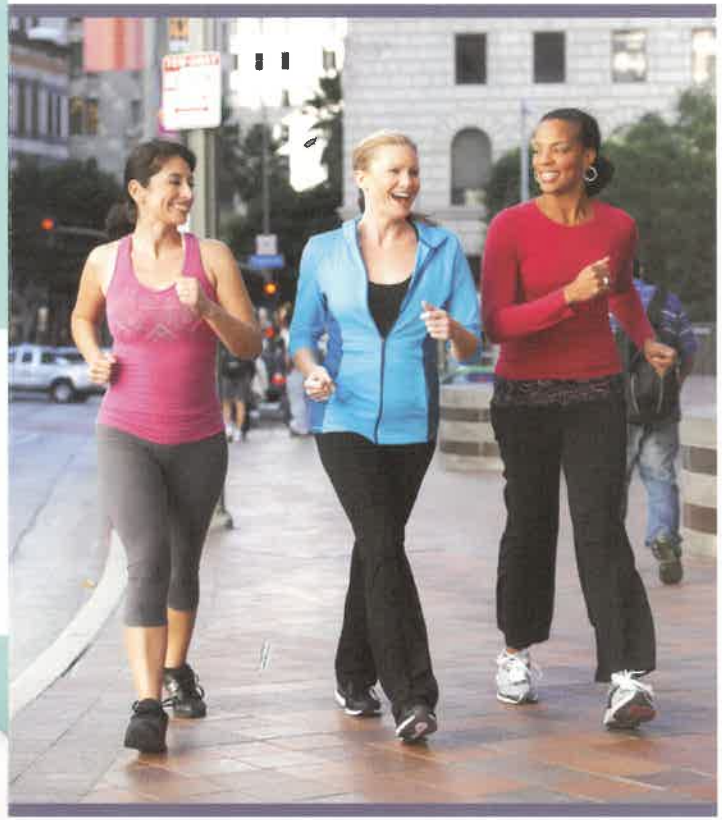
1.877.ASK4UFE
ask4UFE.com

403023001_005 ID 030419

ask4UFE™

UFE
Uterine Fibroid Embolization

A Patient's Guide to a
Minimally Invasive Fibroid Treatment



1.877.ASK4UFE ask4UFE.com

Our Goal...

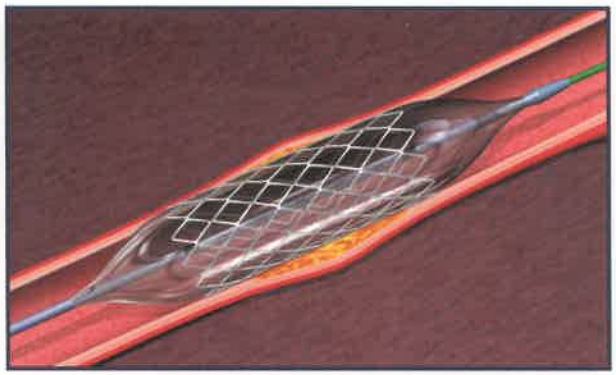
Is to preserve and maintain your dialysis access for as long as possible.

We accomplish this by offering three key parts of hemodialysis access which will be performed by our Interventional Radiology team.

WR

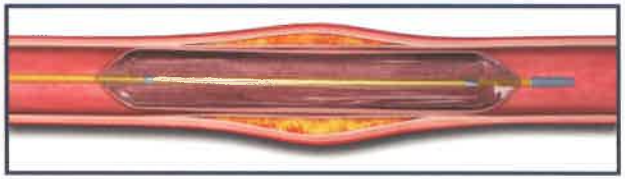
Fistulagrams

A Fistulagram is a procedure in which a small needle is inserted into the fistula & X-Ray contrast (dye) is injected to evaluate the flow of the fistula. If a narrowing or lesion is found it will most likely be treated with a balloon (angioplasty) to improve the flow. Occasionally a stent may be needed for more difficult narrowings.



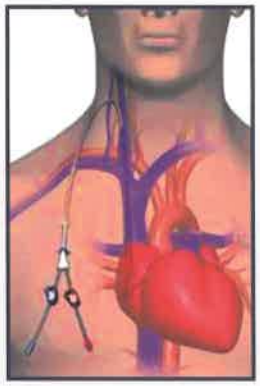
Stent Placement

De-clots



Occasionally your access may become completely clotted (blood has stopped flowing altogether). For these patients the first step is always to restore flow to the fistula or graft. This is usually done by gaining access to the graft through the use of a needle & guide wire. After access has been obtained, a small plastic tube will be inserted so that the clotted blood may be released. The clot is removed by injecting a small amount of medication designed to break down blood clots, & then by using a balloon to break the blood clots apart.

Catheter Placement



Your doctor may request you have a catheter placed to allow you to have dialysis until a more permanent access can be established. A dialysis catheter is a very special catheter inserted into a larger vein to allow for the high flow needed for the dialysis machine. Our catheters are placed with the use of an Ultrasound & X-Ray machine to ensure proper location.

Visit us on the Web.
WinchesterRad.com

Give us a Call.
540.686.1600

Want to Schedule Your Procedure with us?

Just have your doctor fax us the order form below.

Patient Name
Date of Birth
Reason for Exam
Referring Office
Physician Signature
Physician Name (Please Print)
Date/Time

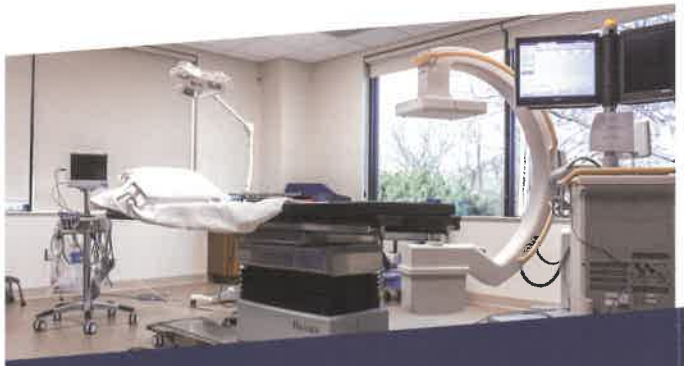
Procedure

- ☐ Fistulagram (still has flow)
- ☐ De-Clot (not flowing)
  **Performed at Winchester Medical Center*
- ☐ Permacath Placement
- ☐ Permacath Removal
- ☐ Venogram **R** **L** Arm
- ☐ Other _____

Fax us.
540.686.1601

Sedation

We will make every effort to ensure your procedure is both safe & comfortable. In order to receive a sedative during the procedure you **MUST** have a driver present with you at the beginning of the exam. Sedation also requires our patients to have an empty stomach. Please refrain from eating 4-6 hours prior to your procedure. Sedation for emergencies & same day add-ons need to be assessed by our physician and staff prior to receiving medications.



Medications

Please bring a list of your current medications with you to your appointment.

Allergies

If you are allergic to X-Ray dye or contrast please call 540.686.1600 at least one full day prior to your appointment time.

Cancellations

If you are late or need to cancel/reschedule your exam, please call 540.686.1600.

Where to Find Us

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www.WinchesterRad.com

160 Exeter Drive Winchester, VA
Suite 103

Do More Online.

- ☑ Request Your Appointment
- ☑ Directions with One Click
- ☑ Downloadable Patient Resources

WINCHESTER RADIOLOGISTS
EST. 1979

Outpatient Dialysis Services

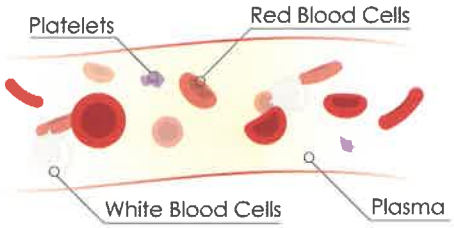
Accelerated, Long Lasting, Natural Healing

What is Platelet Rich Plasma?

Platelet Rich Plasma Therapy (PRP) is a procedure that utilizes your body's natural healing properties to decrease the amount of time to heal injuries to tendons, ligaments, and muscles.

How Does it Work?

Blood is made up of 55% plasma, 45% red blood cells, and about 1% white blood cells and platelets.



Platelets are the components of your blood that are best known for blood clotting, but also for the hundreds of proteins called growth factors. These proteins are vital in the healing process.

We utilize these growth factors by drawing a small amount of your blood and seperating out the platelets and plasma.

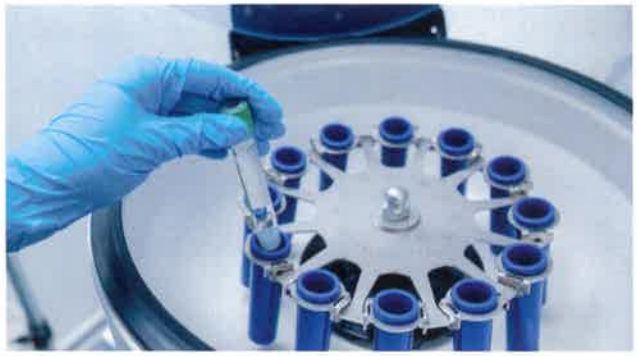
What results is a very concentrated form of plasma that is rich in your body's own naturaly healing growth factors, this is PRP.

Once we've injected the PRP in the injured area, the additional growth factors stimulate natural healing.

What is the Procedure Like?

PRP is an outpatient procedure which will take approximately 30 minutes.

We begin by drawing between 15-30 cc of blood and placing it into a centrifuge, which will spin at rates of 3,500 revolutions per minute.



This is the process which separates the plasma & platelets from the red & white cell componants of your blood.

The resulting plasma contains 4-10 times the concentration of platelets than normal. The separated PRP is then drawn into a syringe & prepared for injection.

One of our musculoskeletal radiologists will inject the PRP injection using Ultrasound guidance.

Ultrasound guidance is incredibly important. The injection must be placed in a specific spot identified by your radiologist for optimal results.

After Your Injection

Post procedure, you can expect the area to feel swollen and mildly painful, often compared to a dull ache. This is a good sign indicating the injection is working.

When the body sustains an injury, its natural reaction is to begin the healing cycle & swell the affected area. A PRP injection is a way of kickstarting this process and putting it into overdrive.

Steroid injections & anti-inflamatories such as ibuprofen do the opposite of PRP. These methods are good for releiving pain, but will slow the healing process by taking the swelling away. Post Injection, it is very important that you do not take ibuprofen or other drugs that reduce pain.

After 2-5 days you can expect the pain to start receding.

The injection will increase strength to the area, reduce pain, & improve function for the long term.

Your PRP Team

Dr. Erik Nelson
Musculoskeletal Radiologist

Dr. Kiarash Jahed
Musculoskeletal Radiologist

Visit us on the Web.
WinchesterRad.com

Give us a Call.
540.686.1600

Fax Us.
540.686.1601

Who can Benefit?

Professional and amateur athletes alike have been taking advanatge of PRP, as well as patients with muscle injuries, or anyone experiencing joint pain.

Common Conditions Treated with PRP

- Arthritis
- Torn Tendons & Ligaments
- Muscle Injuries
- Tennis Elbow
- Golfer's Elbow
- Achilles Injuries
- Plantar Fasciitis
- Lateral Epicondylitis
- Patellar Tendinitis
- Medial Collateral LIG
- Hamstring Tendinopathy
- Partial Rotator Cuff Tears

Ultrasound Guidance Matters

When you come to Winchester Radiologists, you are receiving care from specially trained Radiologists who are experts of the musculoskeletal system.

The advantage to having your injection placed by a Radiologist is their expertise in using Diagnostic Imaging, such as Ultrasound, to provide care.

Improper or general placement can lead to poor results, or none at all.

We use Ultrasound guidance to perform your injection to ensure the PRP injection is placed properly for the best possible results.

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Platelet Rich Plasma Therapy

Radiology for the 21st Century

www.WinchesterRad.com

Image Guided Treatment for Accurate, Precise, & Innovative Care.

Interventional Radiology

Using minimally invasive techniques, our Radiologists and staff perform interventional procedures to get you on your way. We insert PICC Lines, Mediports, and Perma-caths for treatments and chemo-therapy. We are capable of draining fluid, performing biopsies, epidural steroid injections, and even pain relieving injections.

There are many advantages to utilizing minimally invasive Interventional Radiology. This includes shorter recovery times, lower risk, lower cost, and outpatient convenience.

Philips Veradius Unity Mobile C-Arm

Used to perform interventional procedures that requires the use of Fluoroscopy.

Musculoskeletal & Regenerative Medicine

Whether you have joint pain, are suffering from a muscle injury, or a torn ligament or tendon, we can help with a variety of treatment options.

Our team of sub-specialty trained Musculoskeletal Radiologists have a proven track record in the accurate diagnosis and cutting-edge treatment of assorted musculoskeletal and orthopedic conditions.

Using new minimally invasive Regenerative Medicine techniques such as the use of Protein Rich Plasma (PRP) injections, our doctors can help heal tendon and ligament damage, and alleviate pain and suffering.

Thyroid Clinic

In partnership with Shenandoah Head & Neck Specialists, our Thyroid Clinic focuses on the diagnosis and treatment of Thyroid Nodules.

You'll start with a consultation. If a nodule seems suspicious, we can perform an Ultrasound, have the results read by one of our Radiologists, and perform a biopsy if needed, all from the same office.

Great things happen when healthcare professionals team up. By combining one of the best ENT practices with the area's leading Radiologists, we can accomplish a lot more in a lot less time.

What can usually take weeks and multiple visits between healthcare providers, we do in just one visit.

Visit us on the Web.
WinchesterRad.com

Give us a Call.
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Fax Us.
540.686.1601

WR

What We Do

Diagnostic Imaging is better when it works for you in real time.

The new Winchester Radiologists office located in the Trex Corporate Center gives patients the opportunity to schedule appointments and meet directly with Radiologists specially trained to evaluate a variety of conditions and discuss the best possible diagnostic and treatment options.

We understand that your time is valuable. Our goal is to accurately diagnose and treat patients in the most efficient way possible at a reasonable price. Take a look inside for more information about Interventional Radiology, Musculoskeletal & Regenerative Medicine, and the new Thyroid Clinic collaboration with Shenandoah Head and Neck Specialists.

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Radiology for the 21st Century

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