



Referral Form

Patient Name: _____ Date of Birth: _____

Patient Phone: _____

Referring Physician Name: _____ Office Phone: _____

Referring Physician Signature: _____ Office Fax: _____

Evaluation and Treatment of: _____

Referring physicians please fill out form, attach the necessary documentation, and fax to **(540) 686-1601**.
If you are a patient that has a referral and you have not been scheduled please call us at **(540) 686-1600**.

Vascular and Interventional Radiologists

Dr. Nabeel Arastu, MD

Dr. Michael Ho, MD

Dr. Rohit Koppula, MD

Dr. Kiarash Jahed, MD

Comprehensive Vein Center

- Recurrent DVT
- Venous Leg Ulcers
- Varicose Veins
- May-Thurner Syndrome

Peripheral Arterial Disease

- Claudication
- Arterial Leg Ulcer
- Mesentric Ischemia
- Rest pain

Spine Treatment

- Compression Fracture: Kyphoplasty/
Vertebroplasty

Women's Health

- Uterine Fibroid Embolization

Men's Health

- Prostate Artery Embolization(PAE)
- Hydorcele Aspiration & sclerotherapy

Kidney Mass

- Ablation: Cryo, Microwave

Liver Disease and Cancer

- TIPS
- Y-90 Radioembolization
- Ablation: Cryo, Microwave

Musculoskeletal

- MSK Diagnostic Ultrasound
- MSK ultrasound guided steroid
injections
- Platelet Rich Plasma(PRP)
- Carpal Tunnel Release
- Trigger Finger Release