Interventional Radiology
UCSF Health

Tel (415) 353-1300
Fax: (415) 353-8570
Monday-Friday, 7:30 a.m.-5:00 p.m.
https://radiology.ucsf.edu/patient-care/sections/ir

UCSF Health
Radiology

Referral Form

Thank you for choosing to refer your patient to us. To start the referral process, please fax this completed form to the body Interventional Radiology at **415-353-8570** along with:

Patient Information

Name of patient _____

DOB: _____ Interpreter needed: Yes No Language: _____

Hm ph: _____ Wk ph: _____ Cell ph: _____

If child, name of parent: _____

Address: _____

City: _____ Zip: _____

Insurance: Include patient's insurance card (both sides) and HMO authorization if required

Consultation Request Information

Diagnosis/ICD-10: _____

Reason for referral: _____

_____

_____

Referring Physician Information

Referring MD: _____ Specialty: _____

Address: _____

Phone: _____ Fax: _____

PCP name: _____ Phone: _____ Fax: _____

PHYSICIAN'S SIGNATURE: _____