



Cool Springs Interventional  
 3310 Aspen Grove Drive  
 Suite 203  
 Franklin, TN 37067

To schedule your appointment, call  
**(615)-771-8274**  
 (M-F 9 a.m. - 5 p.m.)  
 Fax: 615-771-8674  
 Email:

[Scheduler@CoolSpringsInterventional.com](mailto:Scheduler@CoolSpringsInterventional.com)

**Appointment Information:**

Day/Date

Time

Please arrive 30 minutes prior to your appointment time and bring:

- this form
- insurance card(s)
- any pertinent X-rays
- co-pay (if required)

Located in the clock tower building at Cool Springs Blvd. & Aspen Grove Dr.



**PATIENT REFERRAL FORM**

**DIAGNOSTIC AND THERAPEUTIC INTERVENTIONAL RADIOLOGY**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

Would you like CSI to obtain a precert? Y / N If not, please provide Precert #: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ **Physician Signature:** \_\_\_\_\_

Physician Phone #: (\_\_\_\_) \_\_\_\_\_ Physician Fax #: (\_\_\_\_) \_\_\_\_\_

Reason for Exam: \_\_\_\_\_ Diagnosis / ICD-9 Code(s): \_\_\_\_\_

**Epidural Steroid Injection:**

- Cervical x \_\_\_\_\_
- Thoracic x \_\_\_\_\_
- Lumbar x \_\_\_\_\_

**Myelogram with Post C.T.:**

- Cervical
- Thoracic
- Lumbar
- Complete

**Discogram with Post C.T.:**

- Lumbar Levels \_\_\_\_\_

**Venous Access –Port Placement:**

- Chest
- Arm

Accessed: Y / N

**CT Guided Nerve Root Block:**

- Thoracic Level \_\_\_\_\_
- Lumbar Level \_\_\_\_\_

**Lumbar Puncture (LP):**

- Diagnostic
- Therapeutic
- Opening Pressure

**Vertebroplasty Consult:**

- Please Send Available Studies

**Venous Access – PICC Line Placement:**

- Single Lumen
- Dual Lumen

**Spine Biopsy – Fluoroscopic Guided**

- Level \_\_\_\_\_ Send Available Studies

**Facet Block Injection:**

- Cervical Level \_\_\_\_\_
- Lumbar Level \_\_\_\_\_

**Thoracentesis – Ultrasound guided:**

- Right
- Left

**Paracentesis:**

- Ultrasound guided Paracentesis

**Ultrasound:**

- Lower Extremity Doppler (DVT)
- Carotid Duplex Doppler

**Joint Injection:**

- Hip Steroid Injection
- Shoulder Arthogram
- Shoulder Arthrogram with MRI