



Uterine Fibroid Embolization Procedure Consult Form

Today's Date: ____/____/____

Patient Name: _____

DOB: _____

Medical Record # _____

Phone Number: _____

Referring MD: _____

MD Phone/Pager: _____

Insurance: _____

Policy Number: _____

Clinical History:

Screening Questions:

- Does the patient have a gynecologist? Yes No
 - If Yes, name: _____
 - Last visit date: _____
 - Please instruct patient to bring a copy of their last physical exam and Pap smear.
- Does the patient have a recent MRI (within the past year) Yes No
 - If yes, please instruct patient to bring films or CD with them to consult appointment.
 - If no, please schedule a pelvic MRI immediately by calling 617-414-4969. Please note this may require a pre-authorization number (if required by the patient's insurance) prior to this being scheduled. It is the responsibility of the ordering provider to obtain this.
- Has the patient had an endometrial biopsy and Pap smear within the last year? Yes No
 - If yes, please instruct patient to bring a copy of the report.
 - If no, patient will be required to have a 40 minute scheduled visit with BMC GYN group for a physical exam, Pap smear and endometrial biopsy before scheduling a consult for the UFE.
- Has the patient been on DepoLupron in the past 6 months? Yes No
 - If yes, this will need to be reviewed by the Interventional Radiologist.
- Does the patient have an IUD? Yes No
 - If yes, the patient will be required to have it removed prior to consult for the UFE.

