

# Uterine Fibroid Embolization

VCU Health Department of Radiology

## Request for Uterine Fibroid Embolization Consultation

*Please complete the following information and fax to (804) 828-5570.*

If you have any questions, please feel free to contact:

Dana Wilmoth Britt, Lead NP                      804-628-2340                      Pager 4550

Jennifer Cornwell, NP                              804-628-7651                      Pager 4736

Referring Provider/Attending M.D.: \_\_\_\_\_

Address/Box No.: \_\_\_\_\_

Provider Contact Information (phone/fax): \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

VCUH Medical Record No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If patient does not have VCU Health Medical Record Number, please fax driver's license and insurance card (front and back) and provide the following information (or demographic information sheet).

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Diagnosis/Rule Out: \_\_\_\_\_

Please fax any current H&Ps and/or tests/lab results that would be pertinent. Thanks.

### Diagnostic Radiology

Ultrasound

Main Hospital, Third Floor

1250 East Marshall Street

PO Box 980615

Richmond, VA 23298-0615

### Uma R. Prasad, M.D.

Director, Ultrasound

Director, NVIR

804-828-5109

Contact:

### UFE Hotline

804-828-4914

### Dana Wilmoth Britt, MSN, NP

Lead Nurse Practitioner

804-628-2340

### Kimberly Williams

Sr. Program Support Assistant

804-628-0367