



## ALFRED INTERVENTIONAL RADIOLOGY

Telephone: 9076 2963 Fax: 9076 3379

### Uterine Fibroid Embolisation Service

Referral to consult and if appropriate, perform an embolisation procedure

---

#### About the uterine fibroid embolisation service

**Use this form to refer for consultation and if appropriate, perform a fibroid embolisation procedure.**

The Alfred Interventional Radiology Service offers minimally invasive treatment of various conditions that traditionally require surgery. We can do this because of our extensive outpatient facilities that cover most aspects of diagnosis and treatment including general anaesthetic and overnight stay if indicated.

This referral form requests us to assess and treat a patient diagnosed with uterine fibroids by using a technique called embolisation, which in some cases is an effective alternative to a hysterectomy procedure.

In order for us to expedite this process, we require as much information as possible that confirms and characterises the diagnosis. This includes any available gynaecological history and any existing imaging is particularly helpful. The more information we have, the faster we will be able to treat.

Please fax the referral details through to: (03) 9076 3379

Or

Email to: [radinterventional@alfred.org.au](mailto:radinterventional@alfred.org.au)



# ALFRED INTERVENTIONAL RADIOLOGY

Telephone: 9076 2963 Fax: 9076 3379

## Uterine Fibroid Embolisation Service

Referral to consult and if appropriate, perform an embolisation procedure

### Patient Details

Name:

Date of Birth:

Sex:

Address:

Mobile / Best Contact Number:

Medicare No.:

Pension card No:

### Indications and History

- Fibroids
- Adenomyosis
- Heavy menstrual bleeding
- Pain
- Mass effect symptoms
- Increased urinary frequency

Other Relevant  
Symptoms / Hx:

### Referring Doctor Details

Name:

Address:

Telephone:

+Fax:

Provider No.:

Signature:

Date .....

### Contraindications

Please indicate if you are aware if any of the following apply to your patient:

Allergic to iodine / intravenous contrast

Yes  No

Pregnant

Yes  No

### Previous Imaging and Locations

List any imaging confirming the diagnosis and the where it was performed:

### Gynaecological History:

Gravidity:

Parity:

IUD In Situ?

### Reports

Fax

Mail

Images on CD

Images Online  
(Inteviewer)

Copy of report to (& Fax #):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_