

3200 MacCorkle Avenue First Floor Charleston, WV 25304 501 Morris Street Charleston, WV 25301

This referral is for the CAMC Memorial location.

STEVEN COOPER, MD, FRCPC, DABR | AMY R. DEIPOLYI, MD, PHD, FSIR | MICHAEL V. KORONA, JR., MD, FACR

This includes intervent	tional radiology requests, biopsy requests, abla	ntions, etc.
To: Scheduling for CAI	MC Interventional Radiology	
Contact/Sender Name:		
Fax: 304-388-5112		
Phone: 304-388-0193	Contact Phone:	
No. Pages:	Date:	
Subject:		
Please include the foll	owing information:	
Face sheet with patient demographics		
Previous films related to request		
• Last H&P/office visit r	note	
Referral/order reques	t	
☐ Biopsy-specify site a	and purpose in details	
☐ Drainage-specify organ/site in details		
☐ Mediport placement		
☐ Mediport check-specify problem with port in details		
Embolization-specify organ/problem in details		
Other-specify clinical problem in details		
Additional Details:		