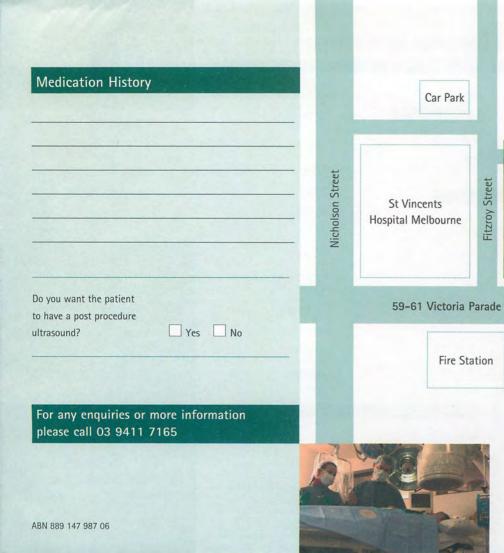
Interventional Procedures

Appointments and Enquiries 03 8415 1279

Please attach patient label		Appointment De	tails	MIVIR
Name		Date	Time	minimally invasive surgery
		Report		
	Postcode	Phone	Fax	
Date of Birth		Mail Email		
Interventional Procedure	Required	Clinical Details		Dr John Vrazas FRANZCR Consultant Interventional Radiologi
				Neurovascular Diseases Carotid Stenting Renal & Visceral Stenting
		Signature	Request Date	Central Venous Access Varicose Veins
Is the patient taking anticoagulants or anti platelet agents? Yes No Please state: Please bring any previous x-ray and medication list		No Name Provider No Phone	Referring Doctor Details Name Provider No Phone	Uterine Fibroid Embolization Peripheral Vascular Disease Vascular Malformations Cancer Therapies Hepatobiliary Interventions Drainage of Collections
Please complete the re	verse of this form	Address	Postcode	St Vincents & Mercy Private Hospita







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Dr John Vrazas FRANZCR Consultant Interventional Radiologist

