

St Josephs Hospital
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St Josephs Hospital - North
4211 Van Dyke Rd
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Matthew Berlet, M.D.

Peter Bernstein, M.D.

Brian Montague, M.D.

Glenn Stambo, M.D.

Kelly VanEpps, M.D.

Troy Woeste, M.D.

Date: _____

Patient Name: _____ Patient DOB: _____

Patient Phone: _____

Physician Name (printed): _____

Physician Phone: _____

Diagnosis and brief History: _____

Physician Signature: _____

- | | |
|--|---|
| <input type="checkbox"/> Abscess Drain | <input type="checkbox"/> MediPort: _____ Desired Location: _____ |
| <input type="checkbox"/> Angioplasty / Stent / Atherectomy | <input type="checkbox"/> Myelogram |
| <input type="checkbox"/> Aortic Aneurysm Repair | <input type="checkbox"/> Nephrostomy Drain Placement |
| <input type="checkbox"/> Aortic Aneurysm Treatment | <input type="checkbox"/> Nerve Root Block |
| <input type="checkbox"/> Arthrogram/Joint Injection | <input type="checkbox"/> Non-invasive Vascular Imaging Consult |
| <input type="checkbox"/> AVG / AVF Thrombolysis / Fistulogram | <input type="checkbox"/> Pelvic Congestion Syndrome Treatment |
| <input type="checkbox"/> AVM Treatment | <input type="checkbox"/> Peripheral Artery / Vascular Disease (PAD / PVD) |
| <input type="checkbox"/> Brain Aneurysm Treatment | <input type="checkbox"/> PICC: _____ |
| <input type="checkbox"/> Carotid Artery Disease | <input type="checkbox"/> Radiofrequency Ablation / Cryoablation |
| <input type="checkbox"/> Chemoembolization | <input type="checkbox"/> Renal Artery Stent |
| <input type="checkbox"/> Coronary Calcium Scoring / Coronary CTA | <input type="checkbox"/> Sir Spheres Radioembolization |
| <input type="checkbox"/> DVT Treatment | <input type="checkbox"/> TIPS |
| <input type="checkbox"/> Epidural Steroid Injection (ESI) | <input type="checkbox"/> Tunneled Dialysis Catheter |
| <input type="checkbox"/> JVC Filter Placement Removal | <input type="checkbox"/> Uterine Fibroid/Artery Embolization (UFE/UAE) |
| <input type="checkbox"/> Kyphoplasty/Vertebroplasty | <input type="checkbox"/> Varicocele Embolization |
| | <input type="checkbox"/> Varicose Vein Ablation |

Please feel free to email Dr. Montague at bjmontague74@gmail.com or irassistant@sdirad.com for any general radiology or interventional questions.

By using this form it constitutes that these services being requested are medically necessary, as documented in the patient's medical record, that the symptom(s)/reason(s) noted above accurately reflect the patient's condition or diagnosis and that I am the treating physician for the patient listed.