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www.strykerinterventionalspecialists.com

Patient Name: _____ DOB: _____

Best Contact #: _____

Email Address: _____

Signs and Symptoms: _____

ICD-10 Codes: _____

Insurance Name: _____ Policy #: _____ Group#: _____

Ordering Physician Name (Print): _____

Ordering Physician Signature: _____ Date: _____

Office Contact Name: _____ Phone: _____ Fax: _____

Interventional Oncology Procedures

- Regional Liver Therapy
- Chemoembolization
- Embolization

Local Tumor Therapy (Radiofrequency/Cryoablation)

- Liver Lung
- Breast Bone
- Renal Prostate
- Adrenal

- Intratumoral Immunotherapy
- Infusion Port/PICC line placement

Non-Vascular Intervention

- Vertebral Body Fracture
 - Kyphoplasty
 - Vertebroplasty
- Steroid Injection
- Epidural Injection Site(s): _____
- Drainage Catheter Placement / Removal
 - Abscess
 - Chest
 - Biliary
 - Nephrostomy
 - Gastrostomy
- Biopsy (Image-guided)
 - Location: _____
- Cyst Aspiration (Image-guided)

Gynecologic Intervention

- Uterine Fibroid Embolization
- Pelvic Vein Congestion / Embolization
- Infertility – Recanalization of fallopian tube

Urologic Intervention

- Varicocele Therapy/Embolization
- Prostate Artery Embolization
- Cryoablation Prostate

Vascular Intervention

- Varicose Vein Therapy (Ablation)
 - Deep Vein Thrombosis for thrombolysis thrombolysis / thrombectomy
 - Dialysis Access Evaluation / Angiogram thrombolysis / de-clot
 - IVC filter placement / removal
 - Peripheral Vascular
 - Arteriogram
 - Angioplasty / Stent
 - Angio venogram
 - Other: _____

Ultrasound

- Breast Neck / thyroid
- Abdominal Carotid
- Pelvic Renal
- Testicular Lower extremity veins
- Obstetric Abdomen Limited