

INTERVENTIONAL  
RADIOLOGY



**Charleston Area  
Medical Center**

 **Vandalia Health**

3200 MacCorkle Avenue  
First Floor  
Charleston, WV 25304

501 Morris Street  
Charleston, WV 25301

**This referral is for the CAMC Memorial location.**

AMY R. DEIPOLYI, MD, PHD, FSIR | MICHAEL V. KORONA, JR., MD, FACR

*This includes interventional radiology requests, biopsy requests, ablations, etc.*

To: **Scheduling for CAMC Interventional Radiology**

Contact/Sender Name: \_\_\_\_\_

Fax: **(304) 388-9490** Fax: \_\_\_\_\_

Phone: **(304) 388-0193** Contact Phone: \_\_\_\_\_

No. Pages: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: \_\_\_\_\_

**Please include the following information:**

- Face sheet with patient demographics
- Previous films related to request
- Last H&P/office visit note
- Referral/order request

Biopsy-specify site 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:**

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