

FAX ( 708 486 2610)

Today's Date: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_



**MIMIT**  
healthcare

## PATIENT INFORMATION

Patient's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Gender  Male  Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Patient Allergic to Contrast Dye? Yes  No

Transportation for Procedure? Yes  No

Patient Status: Ambulatory  Wheelchair  Nursing Home  Home Bound  Vented

## PROCEDURE INFORMATION

- Neck / Back Pain
- Varicose / Spider Vein Evaluation
- Vertebroplasty/ Kyphoplasty
- Uterine Fibroid Embolization
- Peripheral Vascular Disease Evaluation
- Dialysis Access Management
- Deep Vein Thrombosis
- Other

Diagnosis \_\_\_\_\_

Special Instruction \_\_\_\_\_

## PLEASE INCLUDE ALL ITEMS LISTED BELOW

1. Demographic Sheet     2. Insurance Information     3. Medication List     4. H&P

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www.mimithealth.com

PHONE (708) 486 2600

FAX (708) 486 2610

### LOCATIONS & CLINICS

GOTTLIEB MEMORIAL HOSPITAL  
OAK BROOK OAK PARK HOSPITAL  
JACKSON PARK HOSPITAL SOUTH LOOP  
WOOD DALE BANNOCKBURN  
BREAKERS AT EDGEWATER GLEN ELLYN

### MAILING ADDRESS:

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MELROSE PARK IL 60160