



To schedule an appointment, call or email: (503)-494-7117

ivcfilter@ohsu.edu

Fax: (503) 494-7664

Location: Physician's Pavilion 2nd floor Room 220

Dotter Interventional Radiology:

IVC Filter Clinic Patient Questionnaire

Name _____ Date of Birth _____

When and where was IVC filter placement?

Facility _____ Date _____

City _____ State _____

Physician who placed IVC filter? _____

Has someone tried to remove the IVC filter? Circle correct response. (Yes) (No)

If so, when and where?

Facility _____ Date _____

City _____ State _____

Physician who attempted IVC filter removal? _____

Primary Care Physician:

Name _____ Phone _____

Facility _____

Please bring:

- This completed form
- List of all current medications and supplements
- List of any questions
- Family member or friend for support and transportation

