

Patient Label



PHONE: (434) 654-7210 • FAX: (434) 654-8585

Patient's name (print):		DOB:	Today's date:
Telephone numbers: Home:	Work:	Cell:	
Insurance Co:		Plan:	
Pre-Auth #:	ID #:	Group #:	Eftv Date:

PLEASE CLEARLY SELECT FROM THE FOLLOWING STUDIES:

ARTERIAL ANGIOGRAPHY

- Aortic:** Thoracic Abdominal
- Carotid/Cervicocerebral**
 with intervention if indicated _____
- Aorta with bilateral extremity run-off:** Upper Lower
 RT only LT only
 with intervention if indicated _____
- Renal arteriography**
 Diagnostic only
 with intervention if indicated _____
- Visceral arteriography**
 Diagnostic only
 with intervention if indicated _____
 Visceral stenosis
 GI Bleeding
- Other arteriography**
 Specify _____
 with intervention if indicated _____

MSK/JOINT

- Arthrogram**---Specify joint _____
 Post arthrogram imaging (CT/MRI)
 Plus therapeutic injection (Steroid/Anesthetic)
- Bakers cyst aspiration**
 Bakers cyst aspiration (with therapeutic injection)
 Joint therapeutic injection-Site Specify _____
 Joint aspirations-Site Specify _____
 Tenex-Perc Tenotomy-Site Specify _____

VENOUS

- Dialysis access evaluation/fistulagram**
 with intervention if indicated _____
- Dialysis access de-clot**
- Upper extremity venogram** R L Bilateral
- Lower extremity venogram** R L Bilateral
 With DVT Thrombolysis
- Adrenal vein sampling**
- IVC Filter Placement:** Temporary Permanent
- Renal vein sampling**
- Other venography** _____

DRAINAGE

- Thoracentesis-Diagnostic / Therapeutic / Both** R L
- Paracentesis-Diagnostic / Therapeutic / Both**
- Placement of perm. Pleural/Abdominal Catheter** R L Bilateral
- Fluid collection drainage-Site Specify** _____
 With Without drainage catheter left in place if possible
- Removal of drainage catheter-Site Specify** _____

BIOPSY

- Site-Specify** _____
- Fine needle aspiration (FNA)
- Core Biopsy
- FNA and Core Biopsy (If possible/needed)

GASTROINTESTINAL

- Percutaneous gastrostomy:** Place Exchange
- Percutaneous gastrojejunostomy:** Place Exchange
- Place Nasoduodenal feeding catheter**
- Exchange gastrostomy to gastrojejunostomy**

BILIARY

- Percutaneous Transhepatic Cholangiogram**
 With placement of drainage catheter
 With exchange of drainage catheter
 With placement of permanent metallic stent
- Percutaneous Cholecystostomy catheter**
 Removal of biliary/gallbladder catheter
- Cholecystostogram**
 With removal of catheter if needed
- Biliary access for Rendezvous Procedure**

VENOUS ACCESS

- Peripherally Inserted Central Catheter (PICC)**
- Triple lumen non-tunnelled CVC**
- Tunnelled CVC for Dialysis/Pheresis**
- Non tunneled CVC for dialysis/Pheresis**
- Mediport**
- Other central venous access device -Specify** _____

SPINE

- Kyphoplasty/Vertebroplasty Consult & Procedure:** Thoracic Lumbar
 MRI (CT) performed---please review
 MRI (CT) not performed---please schedule for same day prior to consult
- Epidural steroid injection-Specify level/s** _____
- Transforaminal ESI-Specify level/s** _____
- Nerve root injection-Specify level/s** _____
- Discogram- Specify level/s** _____
- Lumbar Puncture:** With Chemotherapy Instillation
- CT myelogram:** Thoracic Lumbar Cervical

GENITOURINARY

- Percutaneous suprapubic catheter placement**
- Percutaneous nephroureteral stent for drainage** R L Bilateral
- Percutaneous nephroureteral stent for stone treatment** R L Bilateral
- Percutaneous Double J ureteral stent** R L Bilateral
- Percutaneous nephrostomy for drainage** R L Bilateral
- Exchange of catheter ---Site** _____ R L Bilateral

MISCELLANEOUS

- Uterine Fibroid Embolization**
- Chemoembolization- Site** _____
- Percutaneous Ablation for malignancy-Site** _____
- Y90**
- OTHER** _____

Exam Date: _____	Time: _____
Physician Name: _____	Signature: _____ Date/Time: _____
Diagnosis: _____	Diagnosis Code(s): _____
Clinical History: _____	