

**INTERVENTIONAL RADIOLOGY
ORDER FORM**

FAX To: 336-633-7734

* Please arrive @ _____ for Registration

Your appt. date is: _____

Your appt. time is: _____

To **schedule** an appt. please call 336-629-8878
Interventional Radiology Hours M-T-Th-F 8am - 4:30pm

- ROUTINE**
- STAT CALL REPORT #** _____
- STAT CALL REPORT--PATIENT TO WAIT #** _____

➤ REQUIRED

➤ Pt. Name : Last First Middle	➤ Pt. D.O.B.	➤ Practitioner Signature	➤ Date
Pt. Phone #:	➤ Precert / Authorization #	➤ Print Name of Practitioner	➤ Time
Expires on:	Pt. Sex: M or F		

BOTH Required

➤ Reason for Exam: _____

➤ ICD 10 Code : _____

List allergies: _____ Medication Patch _____

List Diabetic Meds: _____ CBC/BMP Date Drawn: _____

Results: _____

x] Access central line or port if present and use for administration of medications and fluids. Flush per protocol.
 [] Do NOT access central line or port if present (if checked, this order prevents above order to access central line or port)

Unless box is checked, all orders authorize a CBC/BMP test, contrast and a pregnancy test if medically indicated.

✓ Exam	CPT(s)	✓ Exam	CPT(s)	✓ Exam	CPT(s)
Arteriography		Venous Access		Drainage Procedures	
Thoracic Aortogram	75605	PICC Placement	36569	Exchange Abscess/Cyst Catheter	49423
Abdominal Aortogram	75625	Port Placement	36561	Inject Abscess/Cyst Catheter	49424
Upper Extremity R <input type="checkbox"/> L <input type="checkbox"/>	75710	Dialysis Catheter Placement	36558	Removal of Drainage Catheter	n/a
Lower Extremity R <input type="checkbox"/> L <input type="checkbox"/>	75710	Replace Central Venous Cath	36580	Placement Pleural Catheter	32557
Visceral (Mesenteric)	75726	Remove Central Venous Cath	36589	Removal Pleural Catheter	32552
Pulmonary	75743	Fibrin Sheath Stripping	75901	Placement Peritoneal Catheter	49422
Renal	75733	Inject Existing CV Catheter	36598	Removal Peritoneal Catheter	49418
		Central Venous Cath Declot	36593	GI/Biliary	
Venography				Placement Gastric Tube	49440
Upper Extremity R <input type="checkbox"/> L <input type="checkbox"/>	75820			Convert G-Tube to CI Tube	49446
Lower Extremity R <input type="checkbox"/> L <input type="checkbox"/>	75820	URINARY TRACT		Placement Jejunal Tube	49441
IVC Gram	75825	Nephrostomy Tube Placement		Any GI Tube Check	49465
SVC Gram	75827	R <input type="checkbox"/> L <input type="checkbox"/>	50432	Replace any GI Tube	n/a
Hepatic w/hemodynamics	75889	Ureteral Stent Placement		PTC	47532
Portography w/hemodynamics	75885	R <input type="checkbox"/> L <input type="checkbox"/>	50693	Cholangiogram Thru Existing Tube	47531
Venous Sampling	75893	Nephrostogram	50431	Change Biliary Tube	47536
		Nephrostomy Tube Change	50435	Cholecystostomy Tube Placement	47490
		Nephrostomy Tube Removal	50389	Spine/Neuro	
Transcatheter Therapy				Thoracic Vertebroplasty	22510
IVC Filter Placement	37191			Lumbar Vertebroplasty	22511
Transcatheter Biopsy	37200			Thoracic Kyphoplasty	22513
Dialysis Graft Thrombectomy	36820			Lumbar Kyphoplasty	22514
Transcather Retrieval of Foreign Body	37197			Other:	
Intravascular Stent of Lower Extremities	37236				

