

Patient Name: _____ DOS: _____ Time: _____
 SSN: _____ Insurance: _____
 DOB: _____ Authorization/Referral needed: yes no
 Patient Telephone: _____ Auth./Referral number: _____
 Work/Cell: _____ Referring Office Contact: _____
 Previous Films: _____ Phone #: _____ FAX #: _____

INTERVENTIONAL PROCEDURES

Evaluate and Treat for:

Vascular Procedures:

- Arteriogram: Venogram:
- Carotid Lower Extremity Right or Left
 - Cerebral Upper Extremity Right or Left
 - Aortogram Other _____
 - Aortogram with Run Off
 - Renal
 - Upper Extremity Right or Left
 - Mesenteric / Visceral
 - Other _____
 - (Possible) Balloon Angioplasty
 - (Possible) Stent Placement
 - Clot Thrombolysis Thrombectomy
 - Endovascular Abdominal Aortic Aneurysm Repair
 - IVC Filter
 - Port Chest Arm Right or Left
 - PICC Line Single Lumen Double Lumen
 - TIPS
 - Embolization of _____
 - Other _____

Venous Therapy:

- Radiofrequency Closure® (RFC) Right or Left GSV or LSV
- Endovenous Laser Treatment (EVLT) Right or Left GSV or LSV
- Sclerotherapy

Oncology Procedures:

- SIR-Spheres®/TheraSphere®
- Radiofrequency Ablation
- Chemo Embolization

GI/GU Procedures:

- G-Tube
- G-J Tube
- Biliary Drain
- Percutaneous Transhepatic Cholangiogram (PTC)
- Nephrostomy: Right or Left

Pain Procedures:

- ESI: Right or Left or Central Level _____
- Hip Injection: Right or Left SI Injection: Right or Left
- Facet Block: Level _____ Right or Left
- Vertebroplasty/Kyphoplasty: Level _____
- Other : _____

Diagnosis: _____

Womens Health:

- Uterine Artery Embolization (UAE)
- Fallopian Tube Recanalization
- Breast Biopsy: Right or Left

Dialysis Therapy:

- A/V Shuntogram
- Fistula Declotting
- Dialysis Catheter Insertion
- Catheter Clearance

Diagnostic

Vascular Ultrasound

- Carotid..... 93880
- Venous bilat..... 93970
- Venous unilat..... 93971
- Arterial Phys. U L... 93923
- LEA w/exercise..... 93924

BPG = Bypass Graft:

- Aorto Iliac, Aortic bpg 93978
- LEA or graft, bilat. (duplex).... 93925
- LEA or bpg, unilat. (duplex).... 93926
- UEA or bpg, bilat. 93930
- UEA or bpg, unilat. 93931

Other Diagnostic Procedures:

- Thoracentesis: diagnostic* therapeutic
- Paracentesis: diagnostic* therapeutic
- *For Lab Requests See Reverse Side
- BIOPSY of _____ CT or US Guided
- Thyroid Biopsy: Right or Left
- Lumbar Puncture
- Myelogram
- Discography: Level _____
- MRI or MRA of _____
- CTA of _____
- Ultrasound of _____
- Other _____

REFERRING PHYSICIAN SIGNATURE: _____
 REFERRING PHYSICIAN NAME: _____
 DATE: _____

Please check appropriate box for lab work requested from collected specimens

- CYTOLOGY
- CELL COUNT WITH DIFFERENTIAL
- AMYLASE
- LIPASE
- PROTEIN
- CEA
- PH
- ALBUMIN
- GLUCOSE

CULTURES

- ROUTINE WITH GRAM STAIN
- FUNGUS
- AFB

OTHER

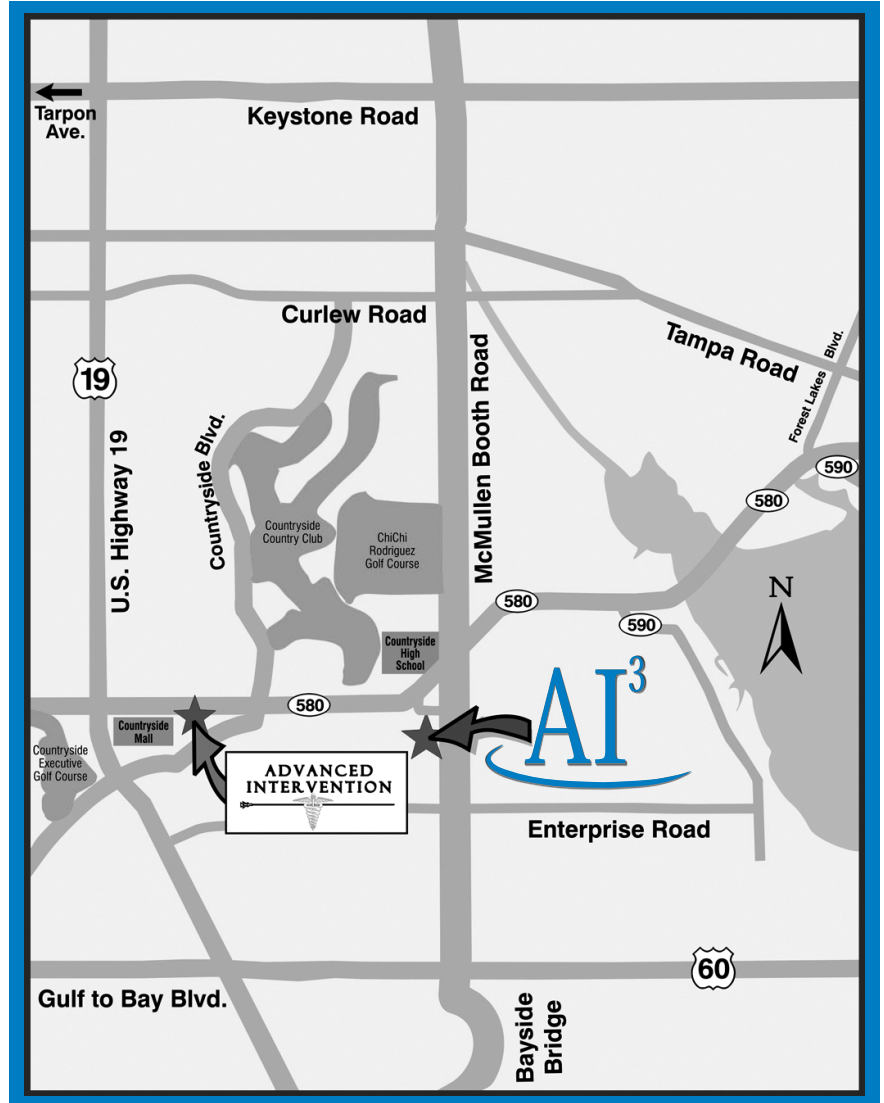
- _____
- _____

FOR LUMBAR PUNCTURE AND MYELOGRAM

- MS PROFILE - NEED 4ML OF FLUID
- CELL COUNT WITH DIFFERENTIAL
- GLUCOSE
- PROTEIN
- CYTOLOGY

OTHER

- _____
- _____



MAP NOT TO SCALE

PROVIDER NUMBERS:

- AETNA HMO: 2648373
- AETNA PPO: 4593565
- AVMED VENDOR: 203364
- BC/BS: 31439
- MEDICAID: 2501953-00
- MEDICARE: 31439A
- UHC: 1600774

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