

OUTPATIENT ORDER FORM INTERVENTIONAL RADIOLOGY

Appt. Date/Time: _____

Arrival Time: _____

MAIN HOSPITAL 1230 Baxter St., Athens, GA	OUTPATIENT DIAGNOSTIC CENTER 2470 Daniells Bridge Rd., Athens, GA		TO SCHEDULE: 706.389.2700 FAX this order and required clinical records to: 706.389.2711		
PATIENT'S LEGAL NAME	DATE OF BIRTH	PATIENT PI	HONE	INSURANCE COMPANY NAME	
PHYSICIAN OFFICES Tests cannot be performed without listing the signs/symptoms and/or reason(s) for each test ordered along with the ICD-9 code. Federal law requires that we inform you when ordering tests that will be paid under federal health programs, including Medicare and Medicaid, physicians should only order tests that are medically necessary for diagnosis or treatment of the patient, not for screening purposes.					
REASON FOR TEST TO BE PERFORMED Your office will be contacted prior to test being performed if a reason for the test is not given.					
PATIENT SIGNS/SYMPTOMS					
PHYSICIAN NAME (please print)	CALL RE				
	🗌 🖵 FAX REP	□ FAX REPORT TO			
X		_ SPECIAL IN	SPECIAL INSTRUCTIONS		
ORDERING PHYSICIAN'S SIGNATURE Signature Stamps Are Not Valid	DATE/TIME				
ARTERIOGRAMS Aortagram with Run-off Carotid Arch/Carotids Cerebral Lower Extremity Upper Extremity Mesenteric/Visceral Renal Abdominal Thoracic Arch Angioplasty Pulmonary Stent - Vascular	OINTMENTS NECESSARY Check Creatinine accord BILIARY Cholangiogram Biliary Drain Biliary Int/Ext Drain Biliary Cath Exchange Internal Stent GASTRO INTESTIONAL Percutaneous G-tube Percutaneous G-J tube Exchange G-tube Exchange G-J Tube Mic Key tube				
VENOUS Venogram/Upper Extremity Venogram/Lower Extremity IVC Filter Placement/Venocavagra	OTHER Transjugular Liver Bx Chemoembolization Percutaneous Lung Bx Lumbar Puncture			Ureteral Stent Placement Ureteral Stent Placement Nephrostomy Rt Int/Ext Stent Int/Ext Stent Int Stent	
Necessary Patient Information Is the patient on any blood thinners/anticoagulants No Yes If yes, which one? Has the patient had recent lab work?NoYes If yes, when and where? Has the patient had recent x-rays?NoYes If yes, when and where? DiabeticYesNo Is the patient currently taking metformin? Allergies to x-ray contrast?NoYes Any other allergies?				NEURO: Diagnostic Angiogram Kyphoplasty Embolization Coils Pipeline Onyx	

