



## Outpatient Interventional Radiology Order Form

Scheduling Phone: 360-788-9169

Fax This Order To: 360-255-2263

All Orders are initiated unless crossed out by MD: Check boxes  to indicate choices

**CHR** PATIENT INFORMATION (please print)

Patient Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

DOB: \_\_\_\_\_ Medical Record # : \_\_\_\_\_ Male  Female

Telephone(s): Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Insurance: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Primary Care Provider: \_\_\_\_\_

Diagnosis codes: \_\_\_\_\_ Please CC Report to: \_\_\_\_\_

CLINICAL HISTORY \_\_\_\_\_

PROCEDURE INFORMATION

Consultation

Vertebroplasty:  Thoracic  Lumbar

Biopsy: Guidance:  Fluoroscopy  Ultrasound  CT

Liver Biopsy

Liver Biopsy AND diagnostic Liver Ultrasound to include portal Doppler

Lung (Side:  Left  Right)  Abdomen

Other: \_\_\_\_\_

Port/Filter/Catheter:

Chest Port Placement  IVC Filter Insertion  PleurX Catheter Placement

Chest Port Removal  IVC Filter Removal  Other: \_\_\_\_\_

Tube Placement  Tube Removal (G Tube, Nephrostomy)

Type/Site: \_\_\_\_\_

Other: (Uterine Artery Embolization, Radiofrequency Ablation, Endo Leak)

\_\_\_\_\_

Labs/Pathology: Please fill out PeaceHealth lab and/or pathology requisition and fax with order.

Diabetic: Metformin Insulin

Blood thinners  
Coumadin Plavix Warfarin

Kidney failure/disease

No to Questions

Ordering Provider: \_\_\_\_\_ Office phone: \_\_\_\_\_ Office fax: \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ **X** \_\_\_\_\_

**Signature of Ordering Provider**

**PeaceHealth St. Joseph Medical Center Use Only**

Admit to St. Joseph Medical Center SSU (Further orders to be done online via CPOE)

Mt. Baker Imaging

Add anesthesia (if necessary)

\_\_\_\_\_

**Provider EHR User ID**