



PHYSICIAN ORDER FORM

Lewis Center Office

7651 Stagers Loop
Delaware, OH 43015
Main Number: 740-201-0222
Fax: 740-201-0223

PATIENT
NAME:

PHONE:

DOB:

/ /

SEX:

M F

REQUESTED
PHYSICIAN:

Dr.

**Please fax patient H & P,
patient demographics and insurance
information along with Order form.**

Does Patient have Allergies?

Yes No

If Yes, please list:

Is Patient on Blood Thinners?

Yes No

If so, Name: _____

Dosage: _____

Imaging Report (if applicable)

Yes No

H & P (most recent)

Yes No

Patient Demographics

Yes No

Patient Insurance Info

Yes No

PAIN

- Consultation
- Epidural Steroid Injection:
 - Cervical Thoracic
 - Lumbar Caudal
- Level: (if known)
- Facet Injection:
 - Cervical Lumbar Thoracic
- Medial Branch Block
- Radiofrequency Ablation
- Neuro Stimulator Consultation
- Trigger Point Injection
- Selective Nerve Root Block
- Stellate Ganglion Block
- Celiac Plexus Block
- Occipital Nerve Block
- Joint injection:
 - Knee Shoulder
 - Wrist Ankle
 - Hip Other:
- Vertebroplasty / Kyphoplasty
 - Thoracic Lumbar

VENOUS

- IVC Filter Placement
- IVC Filter Removal
- Port Placement
- Port Removal
- Tunneled Catheter for Long Term Access
- Dialysis Catheter: Placement Removal
- Groshong Catheter
 - Placement Removal

UROLOGY

- Nephrostogram
- Nephrostomy Catheter:
 - Removal Exchange
- Ureteral Stent
 - Removal Exchange

GASTROINTESTINAL / BILIARY

- Biliary Tube Exchange
- Chole Tube Exchange

VARICOSE VEIN

- Evaluate and Treat for Varicose Veins

Ordering Physician Signature: _____ Date: _____

Referring Physician: _____ Primary Care: _____

Telephone: _____ Fax: _____ Telephone: _____ Fax: _____