PHYSICIAN ORDER FORM

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

Riverside Radiology and Interventional Associates, Inc.
www.RRIAVascularIR.com

❑ **Riverside Office**
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Suite 5360
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Phone: 614-340-7741 Option 4
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PATIENT NAME:

PHONE: | DOB: / / | SEX: ❑ M ❑ F

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

VASCULAR

Angiography:
- Aortography
- Lower Extremity
- Upper Extremity
- Renal
- Mesenteric

Arterial Intervention:
- Angioplasty/Stent/Atherectomy
- Thrombolysis/Thrombectomy
- Aortic Stent Graft: ❑ Abdominal ❑ Thoracic
- Artery Embolization
- Prostatic Artery Embolization

Venography:
- Inferior Vena Cavagram
- Superior Vena Cavagram
- Lower Extremity Venogram
- Upper Extremity Venogram
- Fistulography

Venous Intervention:
- IVC Filter Placement
- IVC Filter Removal
- DVT/Thrombolysis/Thrombectomy
- Foreign Body Retrieval
- Renal Vein Sampling
- Adrenal Vein Sampling
- Fistula Angioplasty/Declot
- Varicocele Embolization

OB/GYN

- Consultation
- Uterine Artery Embolization (for Fibroids)
- Embolization for Pelvic Congestion Syndrome
- Tuboplasty for Infertility

VENOUS

- Port: ❑ Placement ❑ Removal
- Tunneled Catheter for Long Term Access
- Dialysis Catheter: ❑ Placement ❑ Removal

NEURO INTERVENTION

- Consultation
- Cerebral/Carotid Angiogram
- Vertebrobasilar Angiogram
- Spinal Angiogram
- Carotid Stent
- Wada Testing
- Embolization of Cerebral Aneurysm
- Embolization of Cerebral AVM
- Other:

ONCOLOGY

- Biopsy
- Ablation: (Radiofrequency/Cryoablation)
  - ❑ Lung ❑ Bone
  - ❑ Liver ❑ Kidney
  - Other:
- Endovascular Therapy:
  - Chemoembolization
  - Yttrium-90 Selective Internal Radiation Therapy
- Palliative Care:
  - Pleurex Catheter
  - Abdominal Port

GASTROINTESTINAL / BILIARY

- Percutaneous Transhepatic Cholangiogram
- Biliary Drainage/Catheter Placement
- Biliary Dilatation/Stenting
- Biliary Stone Removal
- Bile Duct Brush Biopsy
- TIPSS
- Transjugular Liver Biopsy
- Gastrostomy Tube
- Jejunostomy Tube
- Convert G Tube to G-J Tube

MISC

- Aspiration
- Paracentesis
- Thoracentesis
- Drainage Catheter
  - ❑ Placement ❑ Removal

PAIN

- Consultation
- Epidural Steroid Injection:
  - ❑ Cervical ❑ Thoracic
  - ❑ Lumbar ❑ Caudal
- Level: (if known)
- Facet Injection:
  - ❑ Cervical ❑ Lumbar
- Discogram
- Medial Branch Block
- Radiofrequency Ablation:
  - ❑ Cervical ❑ Lumbar
  - ❑ Sacroiliac
- Spinal Cord Stimulator
- 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

VARICOSE VEIN

- Evaluate and Treat for Varicose Veins

UROLOGY

- Nephrostogram
- Nephrostomy Catheter:
  - ❑ Placement ❑ Removal ❑ Change
- Ureteral Stent
- Suprapubic Placement & Exchange

Ordering Physician Signature: _____ Date:_____

Referring Physician: _____ Primary Care: _____

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