

Interventional Radiology Clinic Outpatient Physician Order

IMPRINT PATIENT IDENTIFICATION HERE

DOB ____/____/____ SS# ____-____-____
 Patient Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ 2nd Phone _____
 PCP _____
 Primary Insurance _____
 Secondary Insurance _____
 Pre-Authorization # _____

Medical Necessity
 Symptoms/Diagnosis _____
 ICD 9 Code(s) _____
 Purpose of Test _____
 CPT Code(s) _____
 Comments _____
 Print Physician Name _____
Physician Signature _____

CT SCAN GUIDED PROCEDURES
 ___ CT Guided _____ Biopsy
 ___ CT Guided Joint Injection: Epidural, SNR _____ Facet
 SI _____ Steroid Injection ___ Block
 ___ CT Guided Drainage of _____
 ___ CT Guided Drainage Catheter Placement in _____
 ___ CT Guided Paracentesis
 ___ CT Guided Thoracentesis
 ___ RF Ablation of _____
 Other _____

SPECIAL PROCEDURES
 _____ Angiogram
 ___ Central Venous Catheter Placement
 ___ Mediport ___ Tunneled ___ Untunneled ___ PICC
 ___ Drainage Catheter Placement _____
 ___ Vertebroplasty _____
 ___ Uterine Fibroid Embolization
 Other _____

CT SCAN
 ___ No Contrast ___ IV ___ PO ___ Rectal
 CT _____
 ___ STAT ___ Routine

MRI
 ___ MRI _____
 ___ With GAD ___ Without GAD
 ___ STAT ___ Routine

ULTRASOUND
 ___ Ultrasound _____
 ___ STAT ___ Routine

COPS Scheduler _____ Ext _____
 Office Scheduler _____ Ext _____
 Date Scheduled ____/____/____ **Faxed to 877-5826**

NUCLEAR MEDICINE

 ___ STAT ___ Routine

PATIENT INSTRUCTIONS
 ___ Nothing to eat or drink after midnight day of exam
 ___ Nothing to eat or drink after breakfast day of exam
 Stop Coumadin (Warfarin) on ____/____/____
 ___ Arrive at UPMC Hamot **Outpatient Registration** at ____:____ (time)
 on ____/____/____ (date)
 ___ Arrive at UPMC Hamot **Imaging Center** at ____:____ (time)
 on ____/____/____ (date)

OTHER
 BUN _____ Creatinine _____
 Date of Labs ____/____/____ Draw prior to scan
 Allergies _____

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