INTERVENTIONAL SCHEDULING

CLEAR

Radiology Ltd.
Interventional Imaging Services
Interventional Scheduling
Tel: (520) 545-1906 Fax: (520) 545-1898
Toll Free: 1-866-565-2220

To schedule an appointment, please call (520) 545-1906 or fax to (520) 545-1898.
Please include all relevant chart notes, H & P, and prior imaging reports.

PHYSICIAN'S NAME: _____ PHONE #: (_____) _____ FAX #: (_____) _____

If physician practices at multiple locations, please include address for these results to be sent: _____

PATIENT: (First Name) _____ (Last Name) _____ (Middle Initial) _____

DOB: _____ HOME PHONE: (_____) _____ WORK PHONE: (_____) _____ BEST TIME TO CONTACT: _____ AM PM

PATIENT INSURANCE: _____ POLICY/GROUP#: _____ INS. PHONE: (_____) _____

PRIOR AUTHORIZATION # (if needed): _____ Would you like authorization assistance? ❑ YES ❑ NO

If you would like authorization assistance, please include all clinical information and a copy of the insurance card with the order.
Please note: *We are unable to provide authorization assistance for STAT cases and CareMore, Humana and United Healthcare insurance plans.*

ON-SITE EXAMS

- ❑ Arthrogram (CT)
- ❑ Arthrogram (MRI)
- ❑ Arthrogram (Fluoro)
- ❑ Biopsy (Image Guided Percutaneous)
- ❑ Blood Patch
- ❑ Cardiac (Coronary) CTA
- ❑ CT Cystogram
- ❑ Joint Injection (Extremity)
- ❑ Lumbar Puncture
- ❑ Myelogram (CT)
- ❑ Paracentesis
- ❑ Percutaneous Abscess Drainage
- ❑ PICC Line Placement
- ❑ Sacroplasty
- ❑ Spinal Injection (Epidural)
- ❑ Spinal Injection (Facet)
- ❑ Spinal Injection (Nerve Root)
- ❑ Spinal Injection (Sacroiliac)
- ❑ Thoracentesis
- ❑ Venogram
- ❑ Vertebral Body Augmentation
  (Kyphoplasty or Vertebroplasty Consult & Treatment)

Patient is on the following Anticoagulant(s)

- ❑ Agrrenox
- ❑ Asprin
- ❑ Coumadin
- ❑ Effient (Prasugrel)
- ❑ Eliquis
- ❑ Other: _____
- ❑ Plavix
- ❑ Pletal
- ❑ Pradaxa
- ❑ Savaysa
- ❑ Xarelto

Patient may discontinue above indicated Anticoagulant(s) 5-7 days before procedure.

❑ Yes Dr. Initials _____
❑ No Dr. Initials _____

HOSPITAL-BASED EXAMS*

- Angiogram (Carotid / Cerebral)
- Angiogram (Visceral / Peripheral)
- Angioplasty (Visceral / Peripheral)
- Aortagram
- Arteriogram
- Biliary Dilation w/o or w/Stent
- Biliary Drain / Stent
- Biliary Tube Change
- Biopsy (Image Guided Percutaneous), Lung / Renal
- Catheter Placement (Renal / Pelvis)
- Catheter Stripping
- Cholangiogram (T-Tube)
- Fistulogram (Dialysis)
- Fistulogram (Not Dialysis)
- Gastric Emptying Study
- Intravascular Stent Placement
- IVC Filter Placement
- Loopogram
- Nephrostomy Tube Change
- Nephrostomy Tube Placement or Change
- Shuntogram
- Stents (Visceral / Peripheral)
- Ureteral Catheter or Stent
- Uterine Fibroid Embolization (UFE)
- Venogram

***Hospital-based exams are performed by Radiology Ltd. physicians in a hospital setting. To expedite the scheduling process, these exams should be scheduled through the hospital.**

HOSPITAL SCHEDULING

St. Joseph's Hospital
Scheduling - Tel: 872-7200 Fx: 872-7884
Cath Lab/IR - Tel: 873-3801 Fx: 751-5139

Tucson Medical Center
Scheduling - Tel: 327-5461 Fx: 324-6162
Cath Lab - Tel: 324-5034 Fx: 324-5022

Has patient had 6 weeks or more of unsuccessful pain management measures? ❑ YES ❑ NO

Check all that apply: ❑ NSAIDs ❑ Physical Therapy

Primary Diagnosis: _____

Signs & Symptoms: _____

Special Instructions: _____

Any known allergies to X-ray dye (Contrast)? ❑ YES ❑ NO

Previous Films: ❑ YES ❑ NO When: _____ Where: _____

Referring Physician's Signature: _____ **Date:** _____

Location, Date, and Time of Scheduled Appointment:

DATE: _____ TIME: _____ AM PM

LOCATION: ❑ La Cholla Center for Diagnostic Imaging & Treatment ❑ Wilmot Center for Diagnostic Imaging & Treatment

If you have any questions, please call: (520) 545-1906

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