INTERVENTIONAL SCHEDULING

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.*

RADIOLOGY LTD. EXAMS

- ❑ Arthrogram (CT)
- ❑ Arthrogram (MRI)
- ❑ Arthrogram (Fluoro)
- ❑ Biopsy (Image Guided Percutaneous)
- ❑ Bone Marrow Biopsy
- ❑ Blood Patch
- ❑ Cardiac (Coronary) CTA
- ❑ CT Cystogram
- ❑ Fluoroscopy Cystogram
- ❑ Hysterosalpingography (HSG)
- ❑ Joint Injection (Extremity)
- ❑ Lumbar Puncture
- ❑ Myelogram (CT)
- ❑ Paracentesis
- ❑ PICC Line Placement
- ❑ Port-A-Cath Placement
- ❑ Sacroplasty
- ❑ Sniff Test
- ❑ Spinal Injection (Epidural)
- ❑ Spinal Injection (Facet)
- ❑ Spinal Injection (Nerve Root)
- ❑ Spinal Injection (Sacroiliac)
- ❑ Thoracentesis
- ❑ Vertebral Body Augmentation
  (Kyphoplasty or Vertebroplasty Consult & Treatment)

PATIENT IS ON THE FOLLOWING ANTICOAGULANT(S)

- ❑ Aggrenox for 5 days
- ❑ Aspirin for 5 days
- ❑ Brilinta for 5 days
- ❑ Coumadin for 5 days
- ❑ Effient for 7 days
- ❑ Eliquis for 48 hours
- ❑ Lovenox for 24 hours
- ❑ Plavix for 5 days
- ❑ Pletal
- ❑ Pradaxa for 2 days *with normal renal function*
- ❑ Pradaxa for 5 days *with abnormal renal function*
- ❑ Warfarin for 5 days
- ❑ Xarelto for 24 hours
- ❑ Other: _____

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

❑ Yes ❑ No Dr. Initials _____

HOSPITAL-BASED EXAMS*

Abcess Drainage
Angiogram (Carotid / Cerebral)
Angiogram (Visceral / Peripheral)
Angioplasty (Visceral / Peripheral)
Aortagram
Arteriogram
Biliary Procedures
Catheter Stripping Cholangiogram (T-Tube)
Fistulogram (Dialysis)
Fistulogram (Not Dialysis)
Gastric Emptying Study
Intravascular Stent Placement
IVC Filter Placement / Removal
Loopogram
Nephrostomy / Ureteral (Kidney / Bladder Procedures)
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. If exam is deemed hospital-based, it will be forwarded to one of the hospitals where Radiology Ltd. physicians perform the exam.**

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: 324-2075 Fx: 324-6162
Cath Lab - Tel: 324-5034 Fx: 324-5022

Primary Diagnosis: _____

Signs & Symptoms: _____

Special / Biopsy 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