INTERVENTIONAL SCHEDULING

Radiology Ltd.
Interventional Imaging Services

Interventional Scheduling
Tel: (520) 545-1906 Fax: 1(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: _____ PRIMARY PHONE: (_____) _____ PRIVODER NPI: _____

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

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

Please include all clinical information and a copy of the insurance card with the order

RADIOLOGY LTD. EXAMS

- ❑ Arthrogram (CT)
- ❑ Arthrogram (MRI)
- ❑ Arthrogram (Fluoro)
- ❑ Biopsy
- ❑ Bone Marrow Biopsy
- ❑ Blood Patch
- ❑ Cardiac (Coronary) CTA
- ❑ Cystogram (CT)
- ❑ Cystogram (Fluoro)
- ❑ Hysterosalpingography (HSG)
- ❑ Joint Injection
- ❑ Lumbar Puncture
- ❑ Myelogram (CT)
- ❑ Paracentesis
- ❑ PICC Line Placement
- ❑ Port-A-Cath Placement
- ❑ Sniff Test
- ❑ Thoracentesis
- ❑ Vertebral Body Augmentation
  (Kyphoplasty or Vertebroplasty Consult & Treatment
- ❑ PICC Removal
- ❑ Port Removal
- ❑ Feeding Tube Removal

PATIENT IS ON THE FOLLOWING ANTICOAGULANT(S) WHICH MUST BE DISCONTINUED FOR THE DETERMINED TIME PRIOR TO THE PROCEDURE

- ❑ Aggrenox (aspirin + dipyridamole) for 5 days
- ❑ Aspirin (if taking >325 mg) for 5 days
- ❑ Brilinta (ticagrelor) for 5 days
- ❑ Lovenox (enoxaparin) for 24 hours
- ❑ Xarelto (rivaroxaban) for 24 hours
- ❑ Other: _____
- ❑ Coumadin (Wafarin) for 5 days
- ❑ Effient (prasugrel) for 7 days
- ❑ Eliquis (apixaban) for 48 hours
- ❑ Plavix (clopidogrel) for 5 days
- ❑ Pletal (cilostazol) for 24 hours
- ❑ Pradaxa (dabigatran) for 2 days
  with normal renal function
- ❑ Pradaxa (dabigatran) for 5 days
  with abnormal renal function
- ❑ Savaysa (edoxaban) for 24 hours

Patient may discontinue above indicated Anticoagulant(s) before procedure. ❑ Yes ❑ No Dr. Initials _____

Procedure Requested: _____
❑ Right ❑ Left

Primary Diagnosis: _____

Signs & Symptoms: _____

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

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

Discard Collected Fluid: ❑ YES ❑ NO

Send Fluid For: _____

❑ AFB ❑ Cytology ❑ Fungal ❑ C+S ❑ Gram Stain ❑ Protein ❑ LDH ❑ Glucose

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