



Interventional Radiology Order Form

Scheduling: 425-899-2899

Fax: 425-899-2828

www.evergreenhealth.com/imaging

STAT (call 425-899-4355)

URGENT

Routine

Call patient to schedule

Patient will call

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____
 Patient Phone: Primary# _____ Secondary# _____ MRN: _____ FIN: _____

*****Please attach patient Face sheet, recent Labs, History & Physical or Progress Note.*****

Diagnosis: _____ ICD-10 Code: _____

Brief Clinical Summary: _____

- Aspiration of Fluid
- Joint Aspiration
- Paracentesis: *circle (Dx/Rx/Both)*
- Thyroid Biopsy
- Lung Nodule Biopsy
- Liver Biopsy (Non-targeted)
- Bone Marrow Biopsy
- Gastrostomy Placement (G-tube)
- Nephrostomy Placement
- Central Venous Access *circle one* (Port/Hickman/Tunneled PICC/Tunneled Dialysis Cath/Temporary Dialysis Cath)
- Biopsy *Other Body Part* _____
- IR Inpt Consult: Call (425) 899-4355
- Abscess Drain Placement
- Joint Injection/Arthrocentesis
- Thoracentesis *circle (Right/Left/Dx/Rx/Both)*
- Lymph Node FNA/Biopsy
- Cholecystostomy/Biliary tube Placement
- Liver Mass Biopsy (Targeted)
- Bone Lesion Biopsy
- Gastrojejunostomy Placement (G-J tube)
- Ureteral Stent Placement
- Jejunostomy placement (J-tube)
- Other Procedure _____
- IR Outpt Consult: Call Radia at (206) 971-4040

Labs completed *within 14 days:* CBC BMP CMP POC INR (if on Warfarin)

(current results needed for conscious sedation procedures)

Patients on Blood Thinners? Yes No Bridged

Patients on Antiplatelets? Yes No

IV Contrast Allergy? Yes No Pre-meds ordered? Yes No (call 425-899-4355 for recommendations if needed)

Referring Provider Information

Ordering Provider Signature _____

Print Name _____

Date _____

Phone: _____ Fax: _____

We appreciate your efforts in completing this form in its entirety as it reduces call back to your office.

****Note:** IR Consult is **ALWAYS** available at 425-899-4355 or at 425-899-1828 (After hours)**