

VASCULAR AND INTERVENTIONAL RADIOLOGY CLINICAL SERVICES ORDER FORM



SCHEDULING

P: 214.420.5400
F: 214.420.5401
E: TXimagingorders@RAYUSradiology.com
Tax ID #46-5265469
NPI #1164829214

DESOTO
1750 N. Hampton Rd.
DeSoto, TX 75115

- Patient will call to schedule
 Call patient to schedule

Appointment date and time	Check-in time	Patient DOB	<input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)	Primary phone #	Secondary phone #	
Insurance name	Insurance ID #	Group #	
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private	Pre-authorization #		
(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include specific clinical indications (such as location, context and severity) to support medical necessity for each test.		Clinical Decision Support (CDS)	
		Required for Medicare Part B (MRI only)	
		Modifier (determination)	G-code (vendor)

R L BIL

CONSULTATION

- Kyphoplasty/Vertebroplasty*
- Leg swelling
- Non-healing lower extremity ulcer
- Pelvic venous congestion
- Peripheral artery disease or critical limb ischemia*
- Uterine fibroids
- Varicocele*
- Varicose veins
- Venous disease*
- Other _____

VASCULAR PROCEDURES

- Arterial angiograms*
- A/V shuntogram/Venous angioplasty/Declot
- Mediport
- Permacath
- Tunneled PICC
- Quinton catheter
- Venogram

VASCULAR DIAGNOSTIC TESTING

- ABI
 - With exercise
 - Without exercise
- Venous ultrasound incompetence study
- Arterial ultrasound
- Per provider with consult

BIOPSY

- Bone marrow
- Liver percutaneous
- Liver transjugular
 - HPVG - wedge and free hepatic pressures
- Lung percutaneous
- Thyroid/Neck
- Other _____

*Requires consult with an Interventional Radiologist before proceeding - all appropriate imaging will be ordered by the Interventional Radiologist.

INTERVENTIONAL RADIOLOGY PROCEDURES

- Abscess tube
- Gastrostomy tube
- Paracentesis/Thoracentesis
- Arthrocentesis
 - Hip
 - Knee
 - Wrist
 - Other _____
- Blood patch
- Epidural steroid injection
 - Cervical
 - Lumbar
 - Thoracic
- Facet joint injection
 - Lumbar
 - Thoracic
 - Other _____
- IVC filter
 - Placement
 - Removal
- Lumbar puncture
- Radiofrequency (RF) rhizotomy*
- Sacroiliac (SI) joint injection
- Therapeutic joint injection
 - Hip
 - Knee
 - Shoulder
 - Other _____
- Trochanteric bursa injection
- Uterine fibroid embolization*
 - Consult
- EndoAFV (WavelinQ)
- Other _____

NOTES/HISTORY/LABS

Provider name (print)	Provider location City/Zip	Phone #	Fax #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date	