

# 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 #                            |                   |   |
| <b>(REQUIRED) Written diagnosis/reason/symptom for exam(s).</b> Must include <b>specific</b> clinical indications (such as location, context and severity) to support medical necessity for each test. | <b>Clinical Decision Support (CDS)</b>         |                   |   |
|  | <b>Required for Medicare Part B (MRI only)</b> |                   |   |
|  | 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<br><b>City/Zip</b> | Phone # | Fax # |
| Provider signature (required)<br><b>Do not use rubber stamp.</b> | NPI # (required for new providers)   | Date    |       |