

**PATIENT INFORMATION:**

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DAY PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_  CALL PATIENT TO SCHEDULE  
 EMAIL (Appointment reminders, follow-ups, etc.): \_\_\_\_\_  
 INSURANCE: \_\_\_\_\_ AUTHORIZATION #: \_\_\_\_\_  
 REFERRING PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 PRIMARY CARE PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 CONSULT DATE AND TIME: \_\_\_\_\_ PROCEDURE DATE AND TIME: \_\_\_\_\_

**CPT / ICD-9 CODES:** \_\_\_\_\_

**Clinical Diagnosis:** \_\_\_\_\_

**Patient Medications:** \_\_\_\_\_

**Anticoagulants:**  Y  N

**Any known allergies:** \_\_\_\_\_

Pregnant:  Y  N If yes, how many weeks: \_\_\_\_\_

**List relevant imaging studies (CT, MRI, etc.) if done elsewhere:**

**Labs Requested:** \_\_\_\_\_

**cc:** \_\_\_\_\_

**Special Requests/Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Check all that apply:**

- Y  N Previous allergy to contrast
- Y  N Patient is diabetic (need BUN/Creatinine in past 30 days)  
Creatinine level: \_\_\_\_\_
- Y  N Hx Kidney disease (need BUN/Creatinine levels)  
Creatinine level: \_\_\_\_\_
- Y  N Having liver, lung or kidney biopsy (if yes, requires PT/PTT)
- Y  N History of bleeding disorder (if yes, required PT/PTT)
- Y  N Other outpatient services scheduled for the same day.  
List: \_\_\_\_\_

**Interpreter:**  Y  N If yes, what language? \_\_\_\_\_

**No consult required: Fax form to hospital at 253.333.2572  
 or call 253.545.2606**

- Pain Management:**  Consult  Treat
- Injection Request: Level \_\_\_\_\_  Rad Discretion
- Facet Injection  Epidural Steroid Injection
  - Medial Branch Block  Select Nerve Root Block ( R / L )
  - SI Joint ( R / L )  Stellate Ganglion Block / Ablation
  - Hip ( R / L )  Celiac Ganglion Block / Ablation
  - Sympathetic Block  Popliteal Cyst ( R / L )
  - Other: \_\_\_\_\_

- GI / Genitourinary / Biliary:**  Consult  Treat
- Stent Where: \_\_\_\_\_
  - Nephrostomy ( R / L )  Cholecystostomy
  - Trans Hepatic Cholangiography  Percutaneous Gastrostomy
  - Other: \_\_\_\_\_

- Drainage:**  Consult  Treat
- Paracentesis  Tube Check/Removal
  - Thoracentesis  Fistulogram/Abscessogram
  - Abscess Drainage  Aspiration
  - Location: \_\_\_\_\_ Location: \_\_\_\_\_
  - Pleurx Placement (Requires cooperation of ordering physician)
    - Pleural ( R / L )  Peritoneal

- Vascular Interventions:**  Consult  Treat
- Diagnostic Angiography Location: \_\_\_\_\_
  - Angioplasty/Stent  IVC Filter Placement
  - Port Placement  IVC Filter Removal
  - Port Removal  Dialysis Access:
  - TIPS  Catheter Placement
  - AV Fistula/Graft Treatment
  - Other: \_\_\_\_\_

- Spine Intervention:**  Consult  Treat
- Lumbar Puncture  Myelogram ( cervical / lumbar )
  - Discogram \_\_\_\_\_  Denervation \_\_\_\_\_

**Radiologist consult required in clinic.  
 Please fax form to 253.661.1356 or call 253.661.4661**

- Spine Intervention:**
- Vertebroplasty  Kyphoplasty
  - Sacroplasty  Other: \_\_\_\_\_

- Interventional Oncology:**
- Treatment options include:
- Radiofrequency  Chemoembolization

- Gynecological Interventions:**
- Uterine Fibroid Embolization
  - Pelvic Congestion Syndrome
  - Other: \_\_\_\_\_

- Biopsy:** Mass: ( Y / N )
- Liver  Spleen
  - Kidney ( R / L )  Lung ( R / L )
  - Thyroid ( R / L )  Bone: \_\_\_\_\_
  - Lymph Node  Other: \_\_\_\_\_

- Other:**
- Male Varicocele Embolization
  - \_\_\_\_\_

- Fax Prelim Report  Call Report
- Courier/Mail Final Report  Fax Final Report

**REFERRING PHYSICIAN SIGNATURE:**

**DIRECTIONS TO CLINIC FOR CONSULTATION:**



- ❑ **Vantage Radiology & Diagnostic Services  
Interventional Services  
Merritt Building, 3rd Floor  
125 3rd St. NE #300  
Auburn, Washington 98002  
Phone: 253.661.4661  
Fax: 253.661.1356**

*\*Vantage Radiology & Diagnostic Services is located in the same suite as Auburn Diagnostic Imaging Services.*

**DRIVING DIRECTIONS:**

**From the North:**

- Take Hwy 167 S. to the 15th St. N.W. exit
- Turn left onto 15th St. N.W.
- Turn right onto Auburn Way N. stay straight to go onto Auburn Ave. N.E.
- Turn right onto 3rd St. N.E.
- Stop at Merritt Building, 125 3rd St. N.E.

**From the South:**

- Take Hwy 167 N. to Hwy 18 going East
- Take the "C" St. S.W. exit
- Turn left onto "C" St. S.W.
- Turn right onto 3rd St. N.W.
- Stop at Merritt Building, 125 3rd St. N.E.

[www.vrads.com](http://www.vrads.com)

**DIRECTIONS TO HOSPITAL FOR PROCEDURE:**



**MultiCare  Auburn Medical Center**

- ❑ **MultiCare Auburn Medical Center  
Plaza One  
202 N Division Street  
Auburn, WA 98001  
Phone: 253.545.2606  
Fax: 253.333.2572**

**DRIVING DIRECTIONS:**

**From the North:**

- Take Hwy 167 S. to the 15th St. N.W. exit
- Turn left onto 15th St. N.W.
- Turn right onto "C" St. N.W.
- Turn left onto 3rd St. N.W.
- Turn right onto N. Division St. Parking for MAMC is on the left

**From the South:**

- Take Hwy 18 take Auburn Way/Enumclaw exit
- Take a right on Auburn Way
- Turn left onto 2nd St. N.E.
- MultiCare Auburn Medical Center is straight ahead

[www.multicare.org](http://www.multicare.org)