

PATIENT INFORMATION:

PATIENT NAME: _____ DATE: _____
DAY PHONE: _____ DATE OF BIRTH: _____
CELL PHONE: _____ CALL PATIENT TO SCHEDULE
EMAIL (Appointment reminders, followups, etc.): _____
INSURANCE: _____ AUTHORIZATION #: _____
CONSULT DATE & TIME: _____ PROCEDURE DATE & TIME: _____

INTERVENTIONAL RADIOLOGY SERVICES

Ph: 425.251.5194 • Fax: 425.656.5009

IMPORTANT CLINICAL INFORMATION: CPT (Required) _____ ICD-10 (Required) _____

Known symptoms, diseases, clinical info? _____

Specific area (Required)(left, right, upper, lower, etc.) _____ Encounter (Required) initial subsequent sequelae

Relevant prior surgery / radiation? _____ Prior Images? Yes No Where? _____ What type? _____

Pregnant? Yes No If Yes, how many weeks? _____ Primary healthcare provider: _____

Clinical Diagnosis: _____

Patient medications: _____

Anticoagulants: Y N

Any known allergies: _____

Labs requested: _____

CC: _____

Will anesthesia be used: Y N

If yes, what type:

RN Sedation Anesthesia Sedation General Anesthesia

The following exams require initial Radiology Consult prior to scheduling.
Fax form to 253.661.1345 or call 253.661.4661 for questions.

Spine Intervention:

- Vertebroplasty Kyphoplasty
 Sacroplasty Other: _____

Genitourinary Interventions:

- Uterine Fibroid Embolization
 Pelvic Congestion Syndrome/Female Gonadal Vein Embolization
 Male Gonadal Vein Embolization
 Other: _____

Interventional Oncology:

Treatment options include:

- Radiofrequency ablation Cyroablation
 Other Tumor Embolization Chemoembolization

Other:

- Partial Splenic Embolization
 Portal Vein Embolization TIPS/BRTO

Special Requests/Comments: _____

REFERRING PROVIDER'S SIGNATURE AND NAME (PRINT): _____

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, requires PT/PTT)
 Y N Other outpatient services scheduled for the same day
List: _____
Interpreter: Y N If yes, what language? _____

Fax form to UW/Valley Medical Imaging 425.656.5009, or call 425.251.5194 for questions.

Pain Management:

- Injection Request: Level: _____ Rad Discretion
 Facet Injection Epidural Steroid Injection
 SI Joint (R / L) Select Nerve Root Block (R / L)
 Hip (R / L) Stellate Ganglion Block / Ablation
 Sympathetic Block Celiac Ganglion Block / Ablation
 Other: _____ Popliteal Cyst (R / L)

GI / Biliary:

- Stent Where: _____
 Transhepatic Cholangiography Cholecystostomy
 Percutaneous Gastrostomy Other: _____

GU:

- Nephrostomy (R/L) Suprapubic Tube

Drainage:

- Paracentesis Tube Check/Removal/Change
 Thoracentesis (R / L) Fistulogram/Abscessogram
 Abscess Drainage Aspiration
Location: _____ Location: _____
 Pleurx Placement: (Requires cooperation of ordering physician)
 Pleural (R / L) Peritoneal

Biopsy: Mass: (Y / N)

- Liver Thyroid (R / L): _____
 Kidney (R / L) Lymph Node: _____
 Spleen Bone: _____
 Lung (R / L) Other: _____

Vascular Interventions:

- Diagnostic Angiography Location: _____
 Angioplasty / Stent IVC Filter Placement
 Port Placement IVC Filter Removal
 Port Removal Dialysis Access:
 CVC/PICC Placement Catheter Placement
 AV Fistula/graft Treatment

Spine Intervention:

- Lumbar Puncture Myelogram (cervical/lumbar/thoracic)

DIRECTIONS TO CLINIC FOR CONSULTATION:



DIRECTIONS TO HOSPITAL FOR PROCEDURE:

UW Medicine

VALLEY MEDICAL CENTER

INTERVENTIONAL RADIOLOGY SERVICES

If you have had any prior imaging related to the area of concern, please notify our office at the time of scheduling.
If you need to cancel or reschedule your appointment, please notify our scheduling team as soon as possible at 425.251.5194.

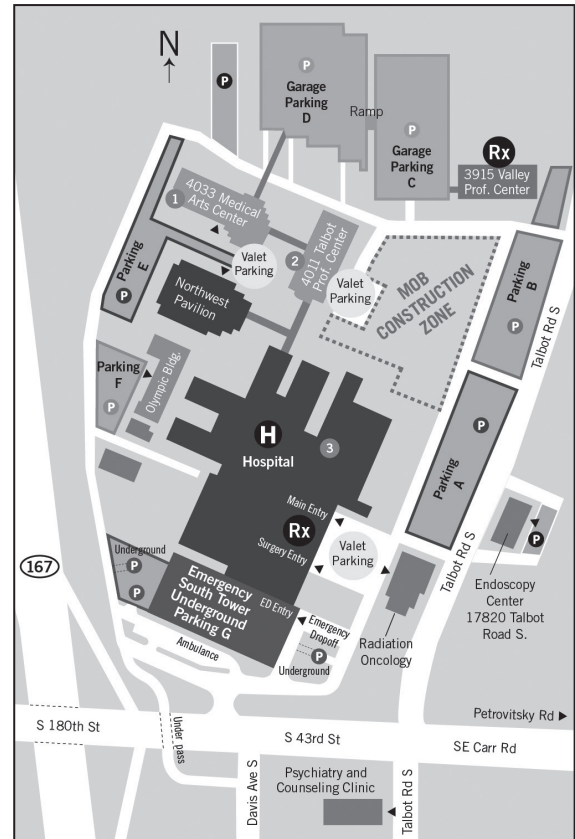


CLINIC ADDRESS / DIRECTIONS:

South Lind Square, Building C
4174 Lind Ave. SW
Renton, WA 98057
253.661.4661

FROM THE NORTH: Head South on WA-167 S toward Kent/Auburn. Take the E Valley Rd/SW 41st Street exit. Continue straight onto SW 41st Street. Turn left at Lind Ave. SW. Turn left into the South Lind Square Business Park. Travel one block straight and find Building C on the right.

FROM THE SOUTH: Head North on WA-167 N toward Renton. Take the S 180th Street/SW 43rd Street exit. Turn left at S 180th Street/SW 43rd Street. Take the 3rd right onto Lind Ave. SW. Turn right into the South Lind Square Business Park. Travel one block straight and find Building C on the right.



PROCEDURE ADDRESS / DIRECTIONS:

Hospital Diagnostic Imaging is located on the second floor of Valley Medical Center
400 South 43rd Street
Renton, WA 98055
425.251.5194

HOSPITAL DIRECTIONS: Take I-405 to Highway 167 South. Once on Highway 167, take the first exit (South 41st/180th St.) and turn left at the light at the end of the off-ramp. Turn left at the next light onto 43rd/180th St. Proceed straight to the top of the hill and turn left at the light onto Talbot Rd. S. Valley Medical Center's campus is on the left.

When you get to Valley Medical Center, please park in the free parking garage under the South Tower, underneath the Emergency Department, Park on P2 and enter through the doors near the South Entrance. Register at the Special Procedure Care Unit (SPCU) Desk. You will be on the 2nd floor of the hospital.