

# UW Medicine

VALLEY  
MEDICAL CENTER

## INTERVENTIONAL RADIOLOGY SERVICES

Ph: 425.251.5194 • Fax: 253.661.1356

### 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: \_\_\_\_\_

### 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:

- LAB2559- Tissue Exam
- LAB2525- Medical Cytology
- LAB186- Glucose, Body Fluid - Once
- LAB18800- Lactate Dehydrogenase, Body Fluid - Once
- LAB1100- Ph, Body Fluid - Once
- LAB196- Protein, Total, Body Fluid - Once
- LAB2636- Culture, Body Fluid w/ Gram Stain
- LAB2690- Culture, Body Fluid w/o Gram Stain
- LAB2626- Culture, Wound (**for abscess**)
- LAB210- Cell Count, Body Fluid – Once
- LAB877- Culture, AFB
- LAB240- Culture, Fungus
- LAB2635- Culture, Tissue w/ aerobic and anaerobic and gram stain
- LAB2635- Culture, tissue 2/ anerobic gram stain
- LAB250- Gram stain
- LAB233- Anerobic Culture – extended incubation
- Other \_\_\_\_\_
- Additional labs verbally discussed/ordered by radiologist: \_\_\_\_\_

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  Cryoablation
- Other Tumor Embolization  Chemoembolization

#### Other:

- Partial Splenic Embolization
- Portal Vein Embolization  TIPS/BRTO
- \_\_\_\_\_

Special Requests/Comments: \_\_\_\_\_

REFERRING PROVIDER'S SIGNATURE AND NAME (PRINT): \_\_\_\_\_

Continued on other side →



[Vantage Radiology & Diagnostic Services, a professional service corporation, in association with UW Medicine Valley Medical Center]  
Tax ID: 91-0858298 • vrad.com • valleymed.org

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

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

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

Please order needed labs eg. Tissue exam

**Vascular Interventions:**

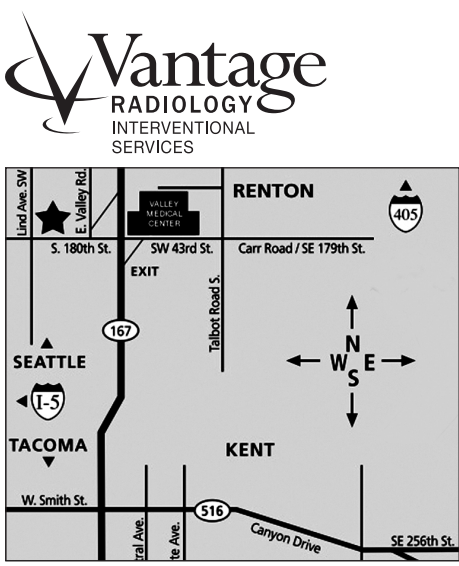
- Diagnostic Angiography Location: \_\_\_\_\_
- Angioplasty / Stent  IVC Filter Placement
- Port Placement  IVC Filter Removal
- Port Removal  Dialysis Access:
- CVC/PICC Placement  Catheter Placement
- AV Fistula/graft Treatment

**Spine Intervention:**

- Lumbar Puncture  Myelogram (cervical/lumbar/thoracic)

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.

**DIRECTIONS TO CLINIC FOR CONSULTATION:**



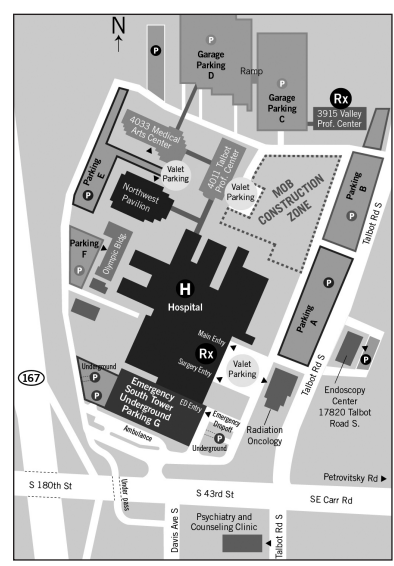
**CLINIC ADDRESS / DIRECTIONS:**

**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.

**DIRECTIONS TO HOSPITAL FOR PROCEDURE:**

**UW Medicine**  
 VALLEY  
 MEDICAL CENTER  
 INTERVENTIONAL RADIOLOGY SERVICES



**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.