WE ARE valley

VALLEY MEDICAL CENTER

INTERVENTIONAL RADIOLOGY SERVICES

Ph: 425.690.3549 • Fax: 425.690.9549

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?__________

☐ Routine ☐ Stat

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 425.690.9549 or call 425.690.3549 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: ______________________

If you discussed this case with a specific Radiologist, please indicate who:

____

REFERRING PROVIDER'S SIGNATURE AND NAME (PRINT):

____

REFERRING PROVIDER'S CONTACT INFORMATION:

____

Continued on other side ⟶

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 Valley Medical Imaging 425.690.9549, or call 425.690.3549 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:______________

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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 425.690.3549.

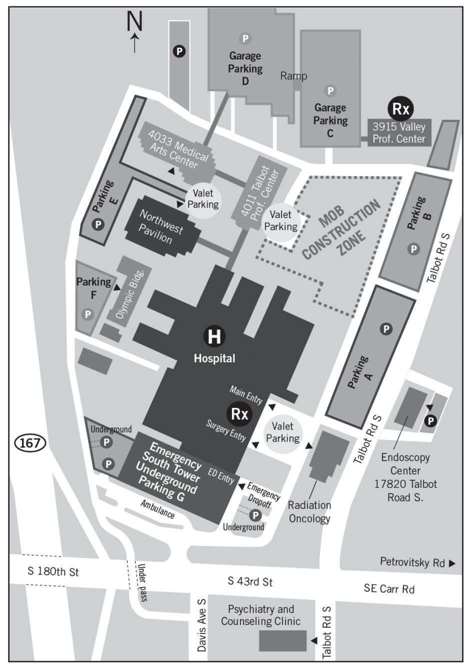
DIRECTIONS TO HOSPITAL FOR PROCEDURE:

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
425.690.3549



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.