INTERVENTIONAL RADIOLOGY SCHEDULING

St. Joseph's Hospitals
BayCare Health System
IMAGING SERVICES

Appointment Scheduling:
Phone: (813) 870-4919 | Fax: (813) 870-4816

Date:_____ Patient Name:_____ Physician (Printed):_____

Patient DOB:_____ Patient Phone #:_____ Physician Signature:_____

Patient SSN:_____ Patient Alt Phone #:_____ Referring Office #:_____

Insurance Provider:_____ Member ID#:_____

PERIPHERAL VASCULAR

- ☐ AAA Endovascular Repair
- ☐ Angiogram, Diagnostic
- ☐ Angiogram for AAA Evaluation
- ☐ Angioplasty & vascular stenting
  - ☐ Arterial ☐ Venous
- ☐ Aortic Aneurysm Treatment
- ☐ Embolization of (specify site / organ)
  - _____
  - ☐ Initial ☐ F/Up Consult
- ☐ IVC Filter ☐ Place ☐ Remove
- ☐ TIPS ☐ Initial ☐ F/Up Consult
- ☐ Varicose vein ablation
- ☐ Varicose vein embolization
- ☐ Varicose vein phlebectomy
- ☐ Varicose vein sclerotherapy
- ☐ Venous sampling renal / adrenal
  - (specify side)_____
- ☐ Venogram to evaluate extremity swelling

UROLOGY

- ☐ Antegrade ureteral stent
- ☐ Cavernosogram
  - ☐ Initial ☐ F/Up Consult
- ☐ Balloon dilitation of ureteral stricture
- ☐ Nephrostomy
- ☐ Nephroureteral stent
- ☐ Nephrostomy tract dilitation
- ☐ Radiofrequency Ablation / Cryoablation
  - ☐ Initial ☐ F/Up Consult
- ☐ Suprapubic cystostomy
- ☐ Tube check / change
- ☐ Varicocele embolization
- ☐ Tube check / change
- ☐ Varicocele embolization

ONCOLOGY

- ☐ Chemoembolization
- ☐ Lumbar puncture for intrathecal Chemo
- ☐ Microwave ablation
  - ☐ Initial ☐ F/Up Consult
- ☐ Port ☐ Insert ☐ Remove
- ☐ Cryoablation
  - ☐ Initial ☐ F/Up Consult
- ☐ Radioembolization
- ☐ Tumor localization

- ☐ Peripheral Artery / Vascular Disease
- ☐ Thrombolysis
  - Arterial (Specify)_____
  - Venous (Specify)_____

VENOUS ACCESS

- ☐ Central line
- ☐ HD Catheter ☐ Tunneled ☐ Temporary
- ☐ PICC
- ☐ Port Check
- ☐ Unusual venous access(tranhepatic,transcaval)

NEPHROLOGY

- ☐ AV fistulagram / AV Graftogram
- ☐ HD Catheter ☐ Tunneled ☐ Temporary
- ☐ Renal artery stenting
- ☐ Venogram to evaluate extremity swelling

NEUROINTERVENTION

- ☐ Carotid angiogram
- ☐ Carotid stenting
- ☐ Cerebral angiogram
- ☐ Cerebral aneurysm coiling
  - ☐ Initial ☐ F/Up Consult
- ☐ Embolization of aneurysm, AVM, AVF
- ☐ Embolization of tumor
- ☐ Epidural blood patch
- ☐ Intrathecal chemotherapy
- ☐ Lumbar Puncture
  - ☐ Diagnostic ☐ Therapeutic
- ☐ Myleogram
- ☐ Stroke therapy
- ☐ WADA testing

PAIN MANAGEMENT

(please specify levels)

- ☐ Discography _____
- ☐ Epidural steroid Inj _____
- ☐ Facet injection _____
- ☐ Nerve root block _____
- ☐ Sacroplasty _____
- ☐ Vertebroplasty / Kyphoplasty
  - ☐ Initial ☐ F/Up Consult

BIOPSY FNA / CORE

(please specify if core is required)

Image guided biopsy of: _____

(Image guidance per Interventional Radiologist includes CT scan, ultrasound, flouroscopy, MRI)

MUSCULOSKELETAL

- ☐ Arthrogram
  - ☐ MRI to Follow
- ☐ Joint Injection
- ☐ ESI
  - ☐ Lumbar
  - ☐ Cervical

GASTROENTEROLOGY

- ☐ Biliary biopsy
- ☐ Cholecystostomy
- ☐ Gastrojejunostomy
- ☐ G-tube
- ☐ Internal drainage of biliary obstruction
- ☐ Palliation of malignant biliary obstruction with metal stent
- ☐ Percutaneous biliary drainage
- ☐ Removal / Extraction of Choledocholithiasis
- ☐ TIPS
  - ☐ Initial ☐ F/Up Consult
- ☐ Tube check / change

DRAINAGE

- ☐ Abscess drainage
- ☐ CT / US guided drainage of:
  - _____
- ☐ Paracentesis
  - ☐ Diagnostic ☐ Therapeutic
- ☐ PleurX catheter placement for:
  - ☐ Ascites ☐ Pleural effusion
  - (specify side)_____
- ☐ Thoracentesis
  - (specify side)_____
  - ☐ Diagnostic ☐ Therapeutic
- ☐ Tube check / change

MISCELLANEOUS

- ☐ Non-invasive Vascular Imaging Consult
- ☐ Coronary Calcium Scoring / Coronary CTA

OB / GYN

- ☐ Uterine Fibroid Embolization
  - ☐ Initial ☐ Follow up ☐ Consult
- ☐ Pelvic Congestion Syndrome

DIAGNOSIS / SPECIAL INSTRUCTIONS