

For Billing Office Use Only
ICD-10: _____

Date: _____

Requesting Evaluation and Procedure for Date: _____

Patient Name: _____ DOB: _____ Phone No.: _____

Address: _____

Skilled Nursing Facility: Yes No
Nursing Facility Name: _____ Phone: _____

Hospice Patient: Yes No
Hospice Name: _____ Hospice Phone: _____

Person Authorizing Treatment: _____ Authorizing Signature: _____

Position: _____ Phone No.: _____ Fax No.: _____

Fax with Demographics and insurance Information

Chemo Port/Plasmapheresis Catheter

- Arm Port Placement - Left
- Arm Port Placement - Right
- Chest Port Placement - Left
- Chest Port Placement - Right
- Plasmapheresis Cath. Place. - Short Term
- Plasmapheresis Cath. Place. - Long Term
- Port Check
- Port Removal
- Tunneled Catheter Removal
- Other: _____

FNA (Fine Needle Aspiration) - Thyroid/Other

- Abn Thyroid Function Study
- Dysphagia
- Enlarged Thyroid (Goiter)
- Hyperthyroidism
- Hypothyroidism
- Neck Mass
- Thyroid Cyst
- Port Removal
- Thyroid Disorder Unspecified
- Other: _____

Vertebroplasty

Kyphoplasty

- Fracture Level: _____
- Consult
- Schedule Procedure
- Arm Pain
- Brachial Radiculitis
- Cervicobrachial Pain
- Cervical Radiculitis NEC
- Low Back Pain
- Lumbar Pain
- Lumbar Radiculitis
- Radiculopathy
- Thoracic Spine Pain
- Other: _____

IVC Filter

- IVC Filter Placement
- IVC Filter Removal
- Deep Vein Thrombosis
- Pulmonary Embolism
- Other: _____

Venous Disease Lower Extremity

- Consult & Ultrasound Same Day
- Consultation Only
- Ultrasound Varicose/Spider/Venous Ulcer
- Ultrasound - DVT (Deep Vein Thrombosis)
- Cellulitis of Leg
- Chest Pain
- Deep Vein Thrombosis
- Dialysis Access Planning
- Focal Superf Swelling, Mass or Lump
- Pain in Limb
- Phlebitis and Thrombophlebitis
- Pulmonary Embolism
- Pre-operative Exam
- Shortness of Breath
- Swelling of Limb
- Ulcer-Lower Extremity
- Varicose Vein of LE with Inflammation
- Varicose Veins LE with Ulcer
- Varicose Vein with Complications
- Venous Insufficiency, Unspecified
- Other: _____

Lower Extremity Angio/PAD

(Peripheral Arterial Disease)/Peripheral Angio

Upper Extremity Angio

- Abdominal Aortography/PTA/Stent
- Right/Left/Bi Low Extr Angio/PTA/Stent
- Right/Left/Bi Upper Extr Angio/PTA/Stent
- Aneurysm - Abdominal
- Aneurysm - Iliac
- Aneurysm-Femoral/Popliteal Artery
- Atherosclerosis Extrem. w/claud.
- Atherosclerosis Extrem w/ Rest Pain
- Atherosclerosis Extrem. w/ Ulcer
- Atherosclerosis Extrem. w/Gangrene
- Embol. &Thrombosis Abd. Aorta
- Lower Extremity Embolism/Occlusion
- Upper Extremity Embolism/Occlusion
- Embolism & Thrombosis of Iliac
- Bruit
- Hematoma - Due to Surgery
- Numbness
- Pain in Limb
- Weak Pulse
- Other: _____

Arthrography

(Fluoro Guided Prior to CT/MR Arthrography)

- Hip - Left/Right
- Knee - Left/Right
- Shoulder - Left/Right
- Wrist - Left/Right
- Hip Pain
- Joint Pain
- Knee Pain
- Shoulder Pain
- Wrist Pain
- Other: _____

Myelography

(Fluoro Guided Prior to CT Myelography)

- Cervical
- Lumbar
- Thoracic
- Arm Pain
- Brachial Radiculitis
- Cervical Radiculitis NEC
- Cervicobrachial Pain
- Lower Back Pain
- Lumbar Radiculitis
- Lumbar Pain
- Radiculopathy
- Thoracic Spine Pain
- Other: _____

Pain Management - Facet Injections

- Cervical
- Thoracic
- Lumbar
- Other: _____

Renal Angio (Renal Artery Stenosis)

- Right/Left/Bi Renal Angiography/
- Angioplasty/Stent
- Renal Artery Aneurysm
- Renal Artery Stenosis
- Renovascular Hypertension (HTN)
- Other: _____

Mesenteric Angio (SMA / IMA / Celiac)

- Mesenteric Angio / PTA / Stent
- Abdominal Pain
- Mesenteric Artery Insufficiency
- Other: _____