

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: _____