

Name: _____ DOB: _____ M / F _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Dr. Phone: _____

SS#: _____

★ Your Appointment: Date:_____ Time:_____

★

Referring
Provider

Dr. Name: _____ Dr. Phone: _____ Dr. Fax: _____

☐ PHONE REPORT ☐ PHONE & HOLD REPORT ☐ SEND CD/DVD VIA PATIENT ☐ Copy To:_____

DX History & Notes:

Insurance: _____ Physician's Signature _____

ARTERIAL		FLUOROSCOPY/GI/GU		INTERVENTIONAL SPINE MEDICINE & CONSULT	
Initial Consultation (PVD/PAD):		Hysterosalpingogram 74740 prep 4		CT Myelogram	
Lower Extremity Arterial Testing (ABI, Arterial doppler)		Cystogram (adult only) 74430		Cervical 62284 + 72240	
Non-Invasive Vascular Imaging:		Urethrocytography 74450		Thoracic 62284 + 72255	
MR Angiography (MRA)		Retrograde (adult only)		Lumbar 62284 + 72265	
Abdominal Aortogram		Urography, IVP 74400		CT Level(s):	
Runoff (Lower Extremity)		GASTROINTESTINAL		Blood Patch 62273 Level:	
Renal		Esophagus 74220	prep 1	Lumbar Puncture 62270	
Arch & Carotid		Upper GI 74246	prep 2	Translaminar Epidural Injection:	
ARTERIOGRAPHY		GI & Small Bowel 74249	prep 2	Cervical 62310	
Abdominal Aortogram/Runoff (Lower Extremity)		Small Bowel Study 74250	prep 2	Thoracic 62310	
Renal		Entero-vu (small bowel) 74250	prep 3	Lumbar 62311	
Arch & Carotid/Cerebral		Barium Enema 74270	prep 3	Sacral Hiatus 62311	
Mesenteric		INTERVENTIONAL PROCEDURES & CONSULT		Level(s):	
Upper Extremity		Biopsy:		Zygapophysial (Facet) Injection (Medial Branch Block):	
VENOUS		Soft Tissue/Neck 21550		Cervical 64490	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
Phlebology (Varicose Veins)/Laser Ablation:		Thyroid 60100		Thoracic 64490	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
Initial 15 Minute Consultation 99201		Lymph Node 38505		Lumbar 64493	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
Complete Eval of Venous Insufficiency & Ultrasound		Lung 32405 <input type="checkbox"/> R <input type="checkbox"/> L		Spinal Nerve Block & Transforaminal Epidural	
Bilateral 93970		Liver 47000		Please list by nerve not foramen)	
Unilateral 93971		Kidney 50200 <input type="checkbox"/> R <input type="checkbox"/> L		Thoracic 64479	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
Sclerotherapy (Spider Veins) 36471 <input type="checkbox"/> R <input type="checkbox"/> L		Bone (please specify site)		Lumbar 64483	<input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
Phlebectomy 37765 <input type="checkbox"/> R <input type="checkbox"/> L		Other		Level(s):	
Laser Ablation 36478 <input type="checkbox"/> R <input type="checkbox"/> L		ASPIRATION/DRAINAGE		Provocative Discography:	
Venous Access:		Thyroid 60300 + 76942		Lumbar 62290 + 72295	
PICC Line 36569		Drainage Catheter Evaluation		Level(s):	
Port Placement 36571		Abscess Drainage, Single 10060		Miscellaneous:	
Venogram (vein mapping for fistula) 36005		Other		Pyriformis 20550	<input type="checkbox"/> R <input type="checkbox"/> L
Specify Site:		Thoracentesis: w/image guidance 32555		Peripheral Nerve	<input type="checkbox"/> R <input type="checkbox"/> L
DIALYSIS CONSULT		w/o: image guidance 32554		Bursae	<input type="checkbox"/> R <input type="checkbox"/> L
HDC Placement		Diagnostic		Other	<input type="checkbox"/> R <input type="checkbox"/> L
HDC Removal		Therapeutic		List Site:	
HDC Thrombolysis Evaluation/Revision		Labs on Fluid (attach list)		VERTEBRAL BODY AUGMENTATION	
AV Graft Fistula Non-Clotted		Paracentesis: w/image guidance 49083		Vertebroplasty/Kyphoplasty (Consult/Treat as needed)	
AV Graft Fistula Clotted		w/o: image guidance 49082			
		Diagnostic			
ULTRASOUND		Therapeutic			
<input type="checkbox"/> Aorta <input type="checkbox"/> Renal 76770		Fine Needle Aspiration (other than breast)		Fracture Levels _____	
Carotid Doppler 93880		(please specify site)			
Vein Mapping 93970				Sacroplasty _____	
		ONCOLOGY CONSULT		ARTHROGRAM/JOINT INJECTIONS:	
VIP TECH ONLY		RFA (specify organ)		Shoulder	<input type="checkbox"/> R <input type="checkbox"/> L CT Arthrogram: <input type="checkbox"/> Y <input type="checkbox"/> N
Comparison Studies:		Chemoembolization		Hip	<input type="checkbox"/> R <input type="checkbox"/> L MR Arthrogram: <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> DIG	<input type="checkbox"/> NFRMC	UTERINE FIBROID CONSULT		Wrist	<input type="checkbox"/> R <input type="checkbox"/> L Collect specimen: <input type="checkbox"/> Y <input type="checkbox"/> N
History:		Embolization		Knee	<input type="checkbox"/> R <input type="checkbox"/> L Steroid/Anesthesia <input type="checkbox"/> Y <input type="checkbox"/> N
		Pelvic Congestion Syndrome		Ankle	<input type="checkbox"/> R <input type="checkbox"/> L
				Other:	

SEE OTHER SIDE FOR INSTRUCTIONS AND LOCATION

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PATIENT INSTRUCTIONS

SPINE PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.
- Patients with contrast dye allergy must be pre-medicated, please contact our office for instructions.
- Coumadin, Aspirin, Plavix and any other blood thinners must be discontinued 5 days prior to the procedure.
- Patients should bring their diagnostic studies (MRI, CT, X-rays) with them if they were not performed at our office or North Florida Regional Medical Center.
- Instruct patients not to eat or drink 2 hours prior to lumbar procedures and 4 hours prior to cervical procedures.
- Patients should expect to spend a minimum of 2 hours in our office. This includes check-in, procedure and observation after the procedure.
- Spinal injections may not be performed on patients with existing illness or infection.
- Please contact our office nurse with any further questions.
- An injection series consists of 3 injections separated by 1-2 weeks. All 3 visits will be scheduled at the time of ordering.

BIOPSY PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.
- Coumadin, Aspirin, Plavix and any other blood thinners must be discontinued 5 days prior to the procedure.

ASPIRATION & PARACENTESIS/THORACENTESIS PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.

ARTERIOGRAM & VENOUS ACCESS PROCEDURES:

- Nothing to eat or drink 2 hours prior to the procedure.

PHLEBOLOGY/LASER ABLATION & UROLOGY PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.
- Nothing to eat or drink 4 hours prior to the procedure.
- All patients must arrive 30 minutes early.
- All patients must shave all the way to the crease in their hip.

DIALYSIS PATIENT INSTRUCTIONS:

- Nothing to eat or drink after midnight prior to procedure, except for morning medication.

Hold the following medications the day of the procedure: Coumadin/ASA & Plavix.

Preps

Prep 1: Nothing to eat or drink 2 hours before examination.

Prep 2: Nothing to eat or drink after midnight. (Minimum 12 hours)

Prep 3: DAY BEFORE EXAMINATION

- a. Non residue diet (NO fruits, vegetables, fiber cereal or breads). Drink 8 ounces of clear liquids every hour until 5pm (NO drinks with pulp ie: orange juice or grapefruit juice)
- b. 4:30pm: drink 1 bottle, Magnesium Citrate
- 6 – 9pm: 8 ounces of water EVERY HOUR
- 7:30pm: 2 Dulcolax (Bisacodyl) tabs by mouth
- 9:30pm: Nothing by mouth until exam (*you may take regular medications with small amount of water ONLY THAT NECESSARY TO GET MEDS DOWN*)

DAY OF EXAMINATION

- a. NOTHING TO EAT OR DRINK (*you may take regular medication with small amount of water ONLY THAT NECESSARY TO GET MEDS DOWN*)
- b. Use ONE Dulcolax suppository TWO hours prior to scheduled exam.

DIABETIC PATIENTS SHOULD CONTINUE CLEAR LIQUIDS (SEE ABOVE) UNTIL EXAM TIME

Prep 4: Must be scheduled between 7 – 10 menstrual days.

VIP OFFICE LOCATION



VASCULAR &
INTERVENTIONAL
PHYSICIANS

Phone: (352) 333-7VIP (7847)

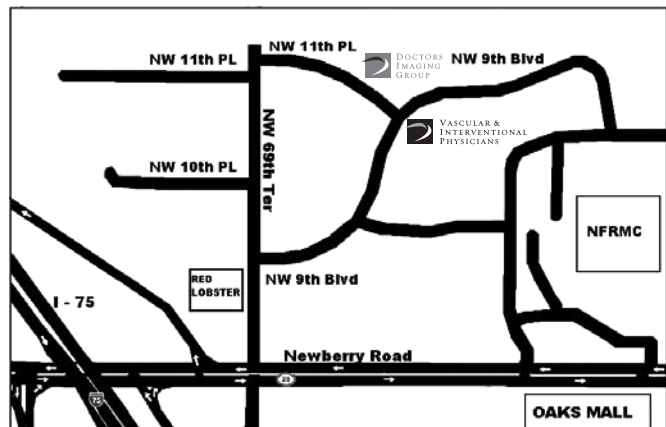
Fax: (352) 333-0990

6685 NW 9th Blvd, Gainesville

Hours: 7:00 a.m. to 5:30 p.m.

Monday through Friday

www.DoctorsImagingGroup.com/VIP



SEE OTHER SIDE FOR EXAMS

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