VASCULAR & INTERVENTIONAL PHYSICIANS

❑ **VIP OFFICE**
6685 NW 9th Blvd., Gainesville, FL 32605
(352) 333-7VIP (7847) • FAX (352) 333-0990

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: _____

_____

_____ X _____ /

Insurance: **Physician's Signature** **Date**

ARTERIAL		FLUOROSCOPY/GU		INTERVENTIONAL SPINE MEDICINE & CONSULT	
Initial Consultation (PVD/PAD):		Hysterosalpingogram 74740 prep 1		**CT Myelogram**	
Lower Extremity Arterial Testing (ABI, Arterial doppler)		Cystogram (adult only) 74430		Cervical 62302	
Non-Invasive Vascular Imaging:		Urethrocystography 74450		Thoracic 62303	
MR Angiography (MRA)		Retrograde (adult only)		Lumbar 62304	
Abdominal Aortogram		Urography, IVP 74400		CT Level(s):	
Runoff (Lower Extremity)				Blood Patch 62273 Level:	
Renal				**Translaminar Epidural Injection:**	
Arch & Cartoid		INTERVENTIONAL PROCEDURES & CONSULT		Cervical 62321	
ARTERIOGRAPHY		Biopsy:		Thoracic 62321	
Abdominal Aortogram/Runoff (Lower Extremity)		Soft Tissue/Neck 21550		Lumbar 62323	
Renal		Thyroid 60100		Sacral Hiatus 62323	
Arch & Cartoid/Cerebral		Lymph Node 38505		Level(s):	
Mesenteric		Lung 32405 ☐R ☐L		**Zygapophysial (Facet) Injection (Medial Branch Block):**	
Upper Extremity		Liver 47000		Cervical 64490 ☐R ☐L ☐B	
VENOUS		Kidney 50200 ☐R ☐L		Thoracic 64490 ☐R ☐L ☐B	
Phlebology (Varicose Veins)/Laser Ablation:		Bone (please specify site)		Lumbar 64493 ☐R ☐L ☐B	
Initial 15 Minute Consultation 99201		Other		**Spinal Nerve Block & Transforaminal Epidural**	
Complete Eval of Venous Insufficiency & Ultrasound		ASPIRATION/DRAINAGE		Please list by nerve not foramen)	
Bilateral 93970		Thyroid 60300 + 76942		Thoracic 64479 ☐R ☐L ☐B	
Unilateral 93971		Drainage Catheter Evaluation		Lumbar 64483 ☐R ☐L ☐B	
Sclerotherapy (Spider Veins) 36471 ☐R ☐L		Abscess Drainage, Single 10060		Level(s):	
Phlebectomy 37765 ☐R ☐L		Other		**Provocative Discography:**	
Laser Ablation 36478 ☐R ☐L		Thoracentesis: w/image guidance 32555		Lumbar 62290 + 72295	
Venous Access:		w/o: image guidance 32554		Level(s):	
PICC Line 36569		Diagnostic		**Miscellaneous:**	
Port Placement 36571		Therapeutic		Pyriformis 20550 ☐R ☐L	
Venogram (vein mapping for fistula) 36005		Labs on Fluid (attach list)		Peripheral Nerve ☐R ☐L	
Specify Site:		Paracentesis: w/image guidance 49083		Bursae ☐R ☐L	
DIALYSIS CONSULT		w/o: image guidance 49082		Other ☐R ☐L	
HDC Placement		Diagnostic		List Site:	
HDC Removal		Therapeutic		**VERTEBRAL BODY AUGMENTATION**	
HDC Thrombolysis Evaluation/Revision		Fine Needle Aspiration (other than breast)		Vertebroplasty/Kyphoplasty (Consult/Treat as needed)	
AV Graft Fistula Non-Clotted		(please specify site)			
AV Graft Fistula Clotted					
		ONCOLOGY CONSULT			
ULTRASOUND		RFA (specify organ)		Fracture Levels _____	
❑ Aorta ❑ Renal 76770		Chemoembolization			
Carotid Doppler 93880		UTERINE FIBROID CONSULT		Sacroplasty _____	
Vein Mapping 93970		Embolization		**ARTHROGRAM/JOINT INJECTIONS:**	
		Pelvic Congestion Syndrome		Shoulder ☐R ☐L CT Arthrogram: ☐Y ☐N	
				Other:	

VIP TECH ONLY

Comparison Studies:
❑DIG ❑NFRMC

History:

SEE OTHER SIDE FOR INSTRUCTIONS AND LOCATION **Rev. 1/12/18**

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: Patients should call our scheduling office on Day 1 of their menstrual cycle. The procedure MUST be performed between menstrual days 7 - 10.

VIP OFFICE LOCATION

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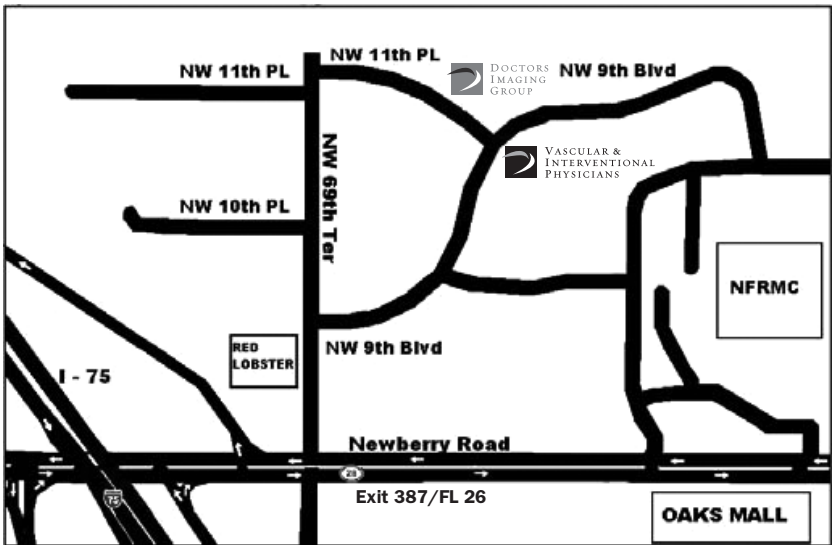
Phone: (352) 333-7VIP (7847)
Fax: (352) 333-0990

6685 NW 9th Blvd, Gainesville, FL 32605

Hours: 7:30 a.m. to 4:30 p.m. M-F

www.DoctorsImagingGroup.com/VIP



SEE OTHER SIDE FOR EXAMS