



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: _____

Phone: _____ Dr. Phone: _____

SS#: _____

☆ **Your Appointment** Date: _____ Time: _____ ☆

Dr. Name: _____ Dr. Phone: _____ Dr. FAX: _____

☐ COPY TO: _____

DX History & Notes: _____

Insurance: _____ X: _____ / _____

*Requires Initial Consultation

Physician's Signature: _____

Date: _____

Arterial	Aspiration/Drainage	Arthrogram/Joint Injections	
Peripheral Arterial Disease Consult (PAD)*	Existing Drainage Catheter Evaluation	MR Arthrogram	CT Arthrogram
BPH / Prostate Artery Embolization*	Location:	Shoulder	L / R
Lower Extremity Arterial Testing (ABI)	Seroma/Abscess Evaluate and Drain	Hip	L / R
Genicular Artery Embolization*	Location:	Wrist	L / R
Gynecologic/Pelvic Procedures	Thoracentesis:	Knee	L / R
Hysterosalpingogram	Diagnostic - Labs on Fluid (Attach List)	Ankle	L / R
Uterine Fibroid / Uterine Artery Embolization*	Therapeutic	Ultrasound	
Pelvic Venous Insufficiency*	Paracentesis:	Aorta Duplex	
Oncology	Diagnostic - Labs on Fluid (Attach List)	Renal Duplex	L / R / B
Radiofrequency Ablation (RFA) (Specify Site)*	Therapeutic	Carotid Duplex	
Cryoablation (Specify Site)*	Pleurx Drain Placement	Abdominal Duplex	
Selective Internal Radiation Therapy (SIRT)/Y90	G/GJ Tube:	Upper Extremity Arterial Duplex	L / R / B
Port Placement	Placement	Upper Extremity Venous Duplex	L / R / B
Port Removal	Removal	Lower Extremity Arterial Duplex	L / R / B
Arteriography	Exchange	Lower Extremity Venous Duplex	L / R / B
Abdominal Aortogram / Runoff (Lower Extremity)*	Cholangiogram w/ Biliary Catheter/Stent Eval	Dialysis	
Renal Artery*	Neph Tube/SP Tube:	HDC Placement	
Arch & Carotid/Cerebral*	Placement	HDC Removal	
Mesenteric Artery*	Removal	HDC Evaluation / Revision	
Upper Extremity* L / R / B	Exchange	AV Fistulagram Non-Clotted	
Venous	Biopsy (Imaging Review Required)	AV Fistulagram Clotted	
Tunneled Cath (CVC):	Soft Tissue / Neck	Request for IR Consult:	
Placement	Lymph Node (Specify Site):	Be specific- VIP may contact referring office for further information:	
Removal	Lung L / R		
Eval / Exchange	Liver		
IVC Filter*:	Kidney L / R		
Placement	Bone Marrow		
Removal	Bone (Please Specify Site):		
Deep Vein Thrombosis (DVT) Consult	Fine Needle Aspiration (Other Than Breast):		
Vertebral Body Augmentation	(Specify Site) (No Thyroid):		
Vertebroplasty / Kyphoplasty (Consult/Treat as needed) (Imaging Review Required):		VIP TECH ONLY:	
Sacroplasty (Consult/Treat as needed) (Imaging Review Required):	Other Type of Biopsy (Specify Site):	Comparison Studies: ☐ DIG ☐ NFRMC	
Fracture Levels: _____		History:	

*Requires Initial Consultation

SEE OTHER SIDE FOR INSTRUCTIONS AND LOCATION

REV. 10/26

To print this form visit us online at www.DoctorsImagingGroup.com/VIP > PHYSICIANS RESOURCES > PHYSICIAN REFERRAL FORMS

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 NF HCA
- 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.

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.

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.

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.

MAMMOGRAMS, ULTRASOUND, & BMD PATIENT INSTRUCTIONS



DOCTORS
IMAGING
GROUP

MAMMOGRAMS, ULTRASOUNDS, & BMD

6820 NW 11th Pl., Gainesville, FL

Phone: 352-331-9729 Fax: 352-331-9744

**MAMMOGRAMS, ULTRASOUND, &
BONE DENSITY are performed at our
DIG OFFICE**

VIP OFFICE LOCATION



VASCULAR &
INTERVENTIONAL
PHYSICIANS

6685 NW 9th Blvd., Gainesville, FL 32605

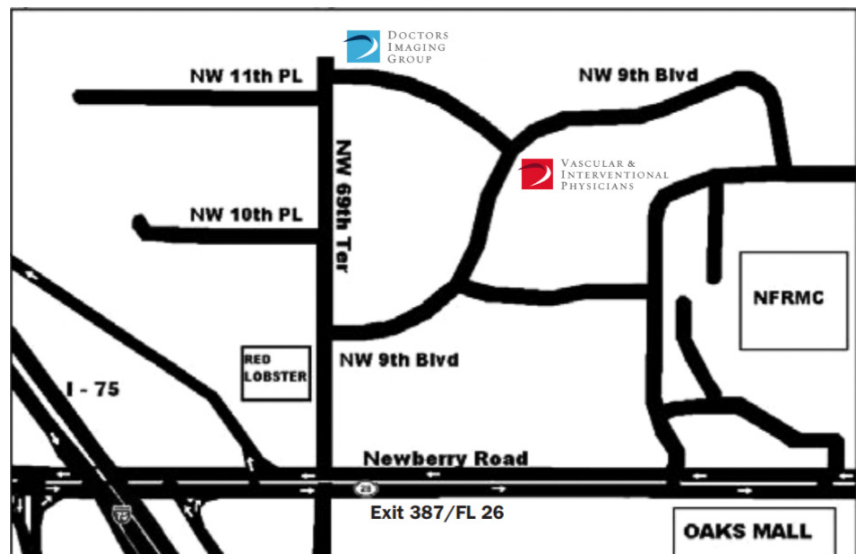
Phone: (352) 333-7VIP (7847)

FAX (352) 333-0990

XRAY HOURS 8:00 AM - 4:00 PM M-F

**XRAY are done at our
VIP OFFICE**

• XRAY HOURS 8:00 AM - 4:00 PM



SEE OTHER SIDE FOR CONSULTATIONS AND EXAMS

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DOCTORS
IMAGING
GROUP

DIG OFFICE ☐
6820 NW 11th Place, Gainesville, 32605
(352) 331-9729 • FAX (352) 331-9744

VIP & XRAY OFFICE ☐
6685 NW 9th Blvd, Gainesville, FL 32605
(352) 333-7847 • FAX (352) 333-0990

Name: _____ DOB: _____ M / F _____

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

Home Phone: _____ Cell Phone: _____

Your Appointment: _____ Date: _____ Time: _____

Referring Provider	Dr. Name: _____ Dr. Phone: _____ Dr. Fax: _____
	☐ PHONE REPORT ☐ PHONE & HOLD REPORT ☐ Copy To: _____
	DX History & Notes: _____
	Insurance: _____ X _____ / _____ Physician's Signature Date

PERFORMED AT
6685 NW 9TH BLVD, Gainesville, FL

PERFORMED AT
6820 NW 11th Place, Gainesville, FL

GENERAL RADIOLOGY

HEAD	
70110 Mandible	
70150 Facial Bones	
70130 Mastoids	
70160 Nasal Bones	
70200 Orbits	
70220 Sinuses, complete	
70250 Skull AP/LAT	
70260 Skull Series	
70330 TM Joints	
70360 Neck Soft Tissue	
THORAX & ABDOMEN	
71045 Chest, 1 view	
71046 Chest, 2 view	
71047 Chest, lordotic	
71047 Chest, decubitus	☐ L ☐ R
71100 Ribs, unilateral	☐ L ☐ R
71101 Ribs, uni w/PA Chest	☐ L ☐ R
71110 Ribs, bilateral	
71111 Ribs, bilateral w/PA Chest	
71120 Sternum	
74018 Abdomen, single view (KUB)	
74019 Abdomen, complete (flat & upright)	
SPINE & PELVIS	
72040 Cervical Spine, AP/LAT	
72050 Cervical Spine, incl. obliques	
72052 Cervical Spine, complete incl. obliques & flex/ext	
72072 Thoracic Spine, AP/LAT	
72081 Scoliosis Series	

GENERAL RADIOLOGY

SPINE & PELVIS (continued)	
72100 Lumbar Spine, AP/LAT	
72110 Lumbar Spine, incl. obl.	
72114 Lumbar Spine, complete incl. obl & bending	
72170 Pelvis AP	
72170 Pelvis AP (Standing, for LLI)	
72202 SI Joints, > 3 views	
72220 Sacrum & Coccyx, min 2 views	
UPPER EXTREMITY	
73000 Clavicle, complete	☐ L ☐ R
73010 Scapula, complete	☐ L ☐ R
73030 Shoulder, complete	☐ L ☐ R
73050 AC Joints	
73060 Humerus	☐ L ☐ R
73080 Elbow, complete	☐ L ☐ R
73090 Forearm, AP/LAT	☐ L ☐ R
73110 Wrist, complete	☐ L ☐ R
73130 Hand, min 3 views	☐ L ☐ R
73140 Fingers, min 2 views	☐ L ☐ R
LOWER EXTREMITY	
73502 Hip, unilateral	☐ L ☐ R
73521 Hip, bilateral (incl. pelvis)	
73552 Femur, AP/LAT	☐ L ☐ R
73564 Knee, complete	☐ L ☐ R
73590 Tibia & Fibula, AP/LAT	☐ L ☐ R
73610 Ankle, complete	☐ L ☐ R
73630 Foot, complete	☐ L ☐ R
73650 Calcaneous, min 2view	☐ L ☐ R
73660 Toes, min, 2 views	☐ L ☐ R

ULTRASOUND

76536 Thyroid	
76641 Breast, complete uni	☐ L ☐ R
76700/93975 Abdominal (w/duplex as needed)	prep 1
76770 Aorta	
76770 Renal	
76770/93975 Renal (w/duplex as needed, ie. RAS)	prep 1
76830/76856/93975 Transvaginal and Pelvic (w/duplex as needed)	prep 2
76870/93975 Scrotal (w/duplex as needed)	
93880 Carotid Doppler	
93970 Venous, Duplex, bilateral	
93971 Venous Duplex, uni	☐ L ☐ R
OTHER NOT LISTED	
BONE SPECIFIC	
77080 DEXA Bone Density (NO CONTRAST OF ANY TYPE 7 DAYS PRIOR TO EXAM)	
77086 Vertebral Fracture Assessment	
77075 Bone Survey, complete	
77072 Bone Age	
DIGITAL MAMMOGRAPHY	
77067 Mammography Screenw/CAD	prep 3
77065 Mammography uni w/CAD	prep 3
77066 Mammography bil w/CAD	prep 3
q with additional views and/or ultrasound as needed	
BREAST BIOPSY/ASPIRATION	
Breast BX, US guided 19083	☐ L ☐ R
Breast Cyst 19000 + 76942	☐ L ☐ R

DIC TECH ONLY

Comparison Studies: q DIG	q NFRMC
History:	

SEE OTHER SIDE FOR INSTRUCTIONS AND LOCATION

Rev. 10/26

www.DoctorsImagingGroup.com

PATIENT INSTRUCTIONS

- Prep #1: Nothing to eat or drink after midnight. (Minimum 8 hours)
- Prep #2: Finish drinking 32 ounces of any type of fluid 1 hour before appointment. **DO NOT URINATE**
- Prep #3:
- a. Wash under arm and breasts the day of the exam.
 - b. **DO NOT** use deodorants, perfumes, powders, ointments or anything in the underarm area or on the breasts until exam is complete.
 - c. A two-piece outfit is suggested for your convenience:

LOCATIONS

Doctor's Imaging Group (DIG)

Phone: (352) 331-9729 Fax: (352) 331-9744

HOURS 7:00 AM - 4:00 PM M-F

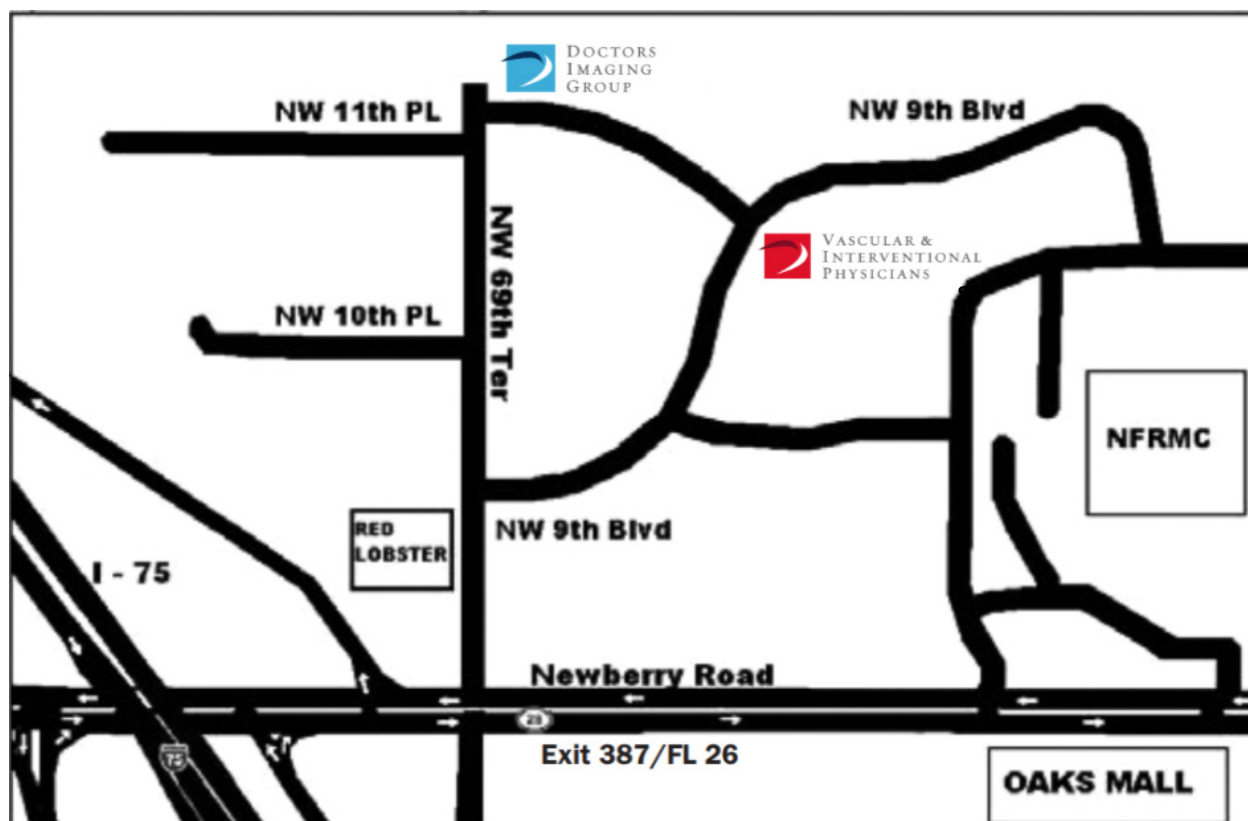
Address: 6820 NW 11th Place, Gainesville, 32605

Vascular & Interventional Physicians

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

XRAY HOURS 8:00 AM - 4:00 PM M-F

Address: 6685 NW 9th Blvd, Gainesville, FL 32605



SEE OTHER SIDE FOR EXAMS