# CVIR Outpatient Procedure Request Form

**Requested Date of Service:**

**Patient Location:**

**Phone Number:**

<table>
<thead>
<tr>
<th>Labs</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUN</td>
<td>Pregnant: Yes No</td>
</tr>
<tr>
<td>CR</td>
<td>Diabetes: Yes No</td>
</tr>
</tbody>
</table>

**Clinical History:**

**Clinical Question / Reason for Exam:**

| PT   | On Glucophage: Yes No |
| PTT  | Blood Thinners: Yes No |
| Plats| Contrast Allergy: Yes No |

| Weight: lbs |

**Ordering Physician Signature:**

| Beeper: |

## Arterial Vascular

**Head and Neck**
- Arch and Cervical Carotids
- [ Bilat / R / L ]
- Carotid Cerebral
- [ Bilat / R / L ]
- Vertebral
- [ Bilat / R / L ]

**Chest**
- Thoracic Aortogram
- Pulmonary Arteriogram
- Bronchial / Intercostal Arteriogram

**Abdomen**
- Aortogram (includes Pelvis)
- Aortogram & Runoff
- [ Bilat / R / L ]
- Renal
- [ Bilat / R / L ]
- Visceral
- [ Celiac / SMA / IMA ]
- Internal iliac
- [ Bilat / R / L ]

**Extremity**
- [ Bilat / R / L ]
- [ Bilat / R / L ]
- [ Bilat / R / L ]
- [ SVC / IVC ]
- [ Bilat / R / L ]

**Venous Vascular**
- Upper Extremity Venogram
- Lower Extremity Venogram
- Renal

**Vascular Intervention**
- Angioplasty
- Stent
- Embolization
- Chemoembolization
- Thrombolysis
- IVC Filter Placement
- IVC Filter Removal
- TIPS Placement /Revision
- Foreign Body Retrieval
- Uterine Fibroid Embolization
- Varicose Vein Treatment

## Non Vascular

### Biliary
- Cholangiogram
- Biliary Drainage
- Biliary Drainage Catheter Change
- Internal Biliary Stent Placement
- Biliary Endoscopy
- Other:

### Gastroenteric
- G Tube Placement
- GJ Tube Placement
- G or GJ Tube Change
- G or GJ Tube Conversion
- Other:

### Genitourinary
- Nephrostogram
- Nephrostomy Tube Change / Upsize
- Nephrostomy Tube Placement
- Specify Side: [ Bilat / R / L ]
- Fallopian Tube Recanalization
- Other:

### Abscess
- Abscess Drain Placement
- Abscess Drain Change / Upsize
- Other:

### Musculoskeletal
- Discography
- Vertebroplasty
- Facet Injection
- Other:

## Venous Access

### Nontunneled Devices
- Hohn Placement
- Nontunneled Catheter Exchange

### Tunneled / Implanted Device
- Tunneled Infusion Catheter
- Number of Lumens: [ 1 2 3 ]
- Tunneled Dialysis Catheter
- Catheter Removal
- Catheter Exchange

### Implanted Device
- Chest Port Placement
- Number of Lumens: [ 1 2 ]
- Access Port? [ Yes No ]
- Arm Port Placement
- Port Removal

### Dialysis Access
- Dialysis Access Thrombolysis
- Dialysis Access Injection / Repair

## Transvascular Biopsy
- Transjugular Liver Biopsy (Triple Package)
  Includes: Hepatic venogram
  Hepatic vein pressures
  Transjugular liver biopsy
- Transjugular Kidney Biopsy
  (Requires CVIR attending preapproval)

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This Request MUST be COMPLETED IN FULL, SIGNED BY A PHYSICIAN, and FAXED to 531-0685 Prior to Scheduling

Inpatient Requests are made through Cerner PowerChart using the "CVIR Evaluation and Treatment Order Set"

Same Day Requests for Service Require CVIR Attending Approval by Calling 531-1504

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rev. 2009-12-30