Health System

Interventional Radiology Order Form

Interventional Radiology

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Patient name:______________________ DOB:______________ Ht: __________ Wt: ____________

Ordering Provider:___________________ Date:______________ Diagnosis/ ICD:______________________

IV Contrast Allergy? Y☐/N☐ | Patient on Blood Thinners? Y☐/N☐

IR

☐IR Port Placement
☐IR Port Removal
☐IR Port Revision
☐IR Portacath Injection
☐IR PICC Line Placement
☐IR PICC Line Exchange
☐IR Hickman
☐IR Hickman Removal
☐IR Hickman Exchange
☐IR Tunneled Dialysis Catheter Placement
☐IR Tunneled Dialysis Catheter Removal
☐IR Tunneled Dialysis Catheter Exchange
☐IR Foreign Body Removal
☐IR IVC Filter Placement
☐IR IVC Filter Removal

☐IR Neurovascular Diagnostic 4 Vessel
☐IR Neurovascular Intervention
☐IR Y-90 Mapping
☐IR Theraspere Y-90 Treatment
☐IR Transcath Arterial Chemoembo - TACE
☐IR Thrombectomy/ DVT
☐IR Nephrostogram
☐IR Nephrostomy Tube Placement L / R
☐IR Nephrostomy Tube Placement Bilateral
☐IR Nephrostomy Tube Exchange L/R
☐IR Nephrostomy Tube Removal
☐IR Nephroureteral Stent Placement
☐IR Nephroureteral Stent Exchange
☐IR Tunneled Pleural Cath Aspira Place
☐IR Tunneled Abdominal Cath Aspira Place
☐IR Embolization________________

☐IR Cholangiogram with Biliary Drain Placement
☐IR Cholangiogram with Biliary Stent Placement
☐IR Biliary Tube Exchange
☐IR Transjugular Liver Biopsy
☐IR Gallbladder Drainage
☐IR G Tube/ GJ Tube Placement
☐IR Gastrostomy Tube Replacement
☐IR Coil-Assisted Retrograde Transvenous Obliteration - CARTO
☐IR Transjugular Intrahepatic Portosystemic Shunt - TIPS
☐IR Drain Eval
☐IR Drainage Catheter Change
☐IR Drain Transvaginal/Transrectal

Other: ____

CT Scan	Ultrasound

☐CT guided Renal Core Biopsy
☐CT guided Renal Mass Biopsy
☐CT guided Renal Mass Cryoablation
☐CT guided Liver Core Biopsy
☐CT guided Liver Lesion Biopsy
☐CT guided Liver Mass Microwave Ablation
☐CT guided Lung Lesion Biopsy
☐CT guided Drain Placement

☐CT guided ______________________________

☐US Paracentesis
☐US Thoracentesis

☐US guided Biopsy__________________________

Provider Signature:_________________________________

Date:________________ **Time**:_________________

*** All orders that are not **signed** by a provider and include **date and time** will be returned for revision ***

Orders may be faxed to 256-265-8748 or emailed to HHIR@hhsys.org

Interventional Radiology is located within Huntsville Hospital at Imaging Services on the ground floor