Corewell Health™

Physician's Orders
INTERVENTIONAL RADIOLOGY (IR) REQUEST

PATIENT INFORMATION
ALL INFORMATION MUST BE COMPLETE TO PROCESS.

Patient legal name: Last _____ First _____ Middle initial ____ Date of birth ___/___/_____
Gender: ☐ Male ☐ Female Patient phone (____)_____

Residing at: ☐ Home ☐ Facility _____ Phone (____)_____ Fax (____)_____

Patient will sign own consent? ☐ Yes ☐ No Interpreter needed? ☐ No ☐ Yes If yes, language spoken _____

Parent/Guardian/Power of Attorney contact: Name _____ Phone (____)_____

Insurance: Primary _____
Is authorization number needed? ☐ No ☐ Yes If yes, authorization number _____

Taking anticoagulants? ☐ No ☐ Yes If yes: Anticoagulant name(s) _____
Anticoagulant(s) prescribed by _____
☐ Discontinue anticoagulant(s) for ____ days prior to procedure.
☐ Do NOT discontinue anticoagulant(s) because _____

Weight _____ ☐ lb/☐ kg SPECIAL NEEDS? ☐ No ☐ Yes If yes, note _____ (e.g., wheelchair, Hoyer, sensory deficit etc.)

Does patient have: Contrast/Iodine allergy? ☐ No ☐ Yes If yes: Reaction _____
☐ Contrast reaction, pre-medication instructions given to patient.
History of cancer? ☐ No ☐ Yes If yes, type _____ ☐ Past/☐ Current
Currently pregnant? ☐ No ☐ Yes
History of antibiotic resistant infections? ☐ No ☐ Yes
Currently requires antibiotics? ☐ No ☐ Yes
Sedation needed? ☐ No ☐ Yes
Sleep apnea? ☐ No ☐ Yes
Diabetes? ☐ No ☐ Yes
History of kidney problems? ☐ No ☐ Yes If yes: ☐ IV ☐ General anesthesia

Location of any previous imaging studies: ☐ At Corewell Health ☐ Other, location _____ ***(MUST SEND CD)***
· ***SEND "HISTORY AND PHYSICAL (DONE WITHIN PAST 30 DAYS)/SUPPORTING DOCUMENTATION" FOR ALL PROCEDURES.***

REQUESTING PHYSICIAN'S ORDERS ***ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED.***

Procedure: Type (no abbreviations) _____
Side: ☐ Right ☐ Left ☐ Bilateral ☐ Site deferred to IR

Diagnosis (no abbreviations) _____

Specimen/Fluid tested for:
☐ Tissue pathology
☐ Cytology
☐ Leukemia/Lymphoma/Non-Hodgkin's lymphoma/Myeloma/Flow cytometry
☐ Culture: ☐ Acid-fast bacilli (AFB) ☐ Anaerobic ☐ Fungal ☐ Gram stain
☐ _____
☐ Other _____
☐ Other _____

TIME _____ **DATE** _____ **Requesting Physician signature** _____

Requesting Physician print _____ Pager _____

Office contact _____ Backline: Phone (____)_____ Fax (____)_____

RADIOLOGIST - PHYSICIAN'S ORDERS ***ALL DESIRED ORDERS MUST BE CHECKED OR COMPLETED. NO ABBREVIATIONS.***

Modality to use: ☐ CT ☐ Interventional radiology ☐ Ultrasound

Specimen processing: ☐ Formalin ☐ Slides ☐ Culture ☐ Flow cytometry

Laboratory studies needed: ☐ None ☐ PT/INR ☐ PTT ☐ CBC ☐ BMP
☐ CMP ☐ Other _____

☐ Office visit needed

Cytology technician needed? ☐ No ☐ Yes

Patient to receive IV sedation? ☐ No ☐ Yes
If yes: ☐ Adult ☐ Pediatric ☐ Anesthesia

For patient taking anticoagulants: ☐ Per Advanced Radiology Services guidelines ***OR*** ☐ Discontinue anticoagulants: for ____ days before procedure.

Consent for procedure to read _____ **Time needed for procedure** _____

Comments _____

Admit type: ☐ **A.M. admit inpatient** ☐ Admit to _____ (bed type) ☐ Admitting Physician _____
Estimated length of stay: ☐ Less than 2 midnights ☐ More than 2 midnights

TIME _____ **DATE** _____ **Radiologist signature** _____

Radiologist print _____ Pager _____

Next appointment: Date _____ **Arrival time** _____ **Procedure time** _____ **Location** _____

OVER FOR INFORMATION AND DIRECTIONS/EXPECTATIONS ➔

DO NOT MARK BELOW THIS LINE BARCODE ZONE DO NOT MARK BELOW THIS LINE

* X 1 6 6 2 4 *

For any non-Interventional Radiology Orders, continue to use “Physician’s Orders Procedure Request - Radiology Services” (X23309).

ORDER IF:

- Patient needs an Interventional Radiology procedure.
- Physician is requesting Interventional Radiology consult to review a case.

DIRECTIONS/EXPECTATIONS:

- Requesting Physician to complete the top Physician’s Order. Time/Date/Physician signature/printed name is ***REQUIRED***.
- Requesting Physician to fax Order and History and Physical to Scheduling:
  CHGR 616.267.9022
  CHBR 231.305.4059
  CHGH 231.424.9941.
- Radiologist to complete the bottom Physician’s Orders. Return to Scheduling.
- Scheduling to process per department protocol. Scheduling to contact patient.