

Routine (reports faxed automatically)

Schedule STAT (No Call Report)

Send w/ patient
 CD

Send by courier
 CD

Patient's Name _____
Last First MI Birthdate

Patient's Phone _____
Home Cell Work Email

Insurance (type) _____ (Policy #) _____ (Group #) _____ (Authorization #)

Physician's Name (print) First Last _____ Practice Name & Address Required _____ Physician's Signature (No stamps allowed) _____ Date _____

Exam requested _____ Previous related studies? _____ If so, where? _____

Reason for exams/symptoms _____ Specific protocol needs _____
This order authorizes Raleigh Radiology to perform lab procedures on patients as deemed medically necessary

Interventional Radiology

- Percutaneous Cholecystostomy
- Transjugular Intrahepatic Portosystemic Shunt (Tips)
- Kyphoplasty/Vertebroplasty
- Balloon Angioplasty
- Thrombolysis
- Central Venous Catheter Placement/Removal
- Gastrostomy Tube Placement
- Hemodialysis Access Maintenance
- Nephrostomy Tube Placement or Exchange
- Varicocele Embolization
- IVC Filter Placement/Removal
- Prostate Artery Embolization

Vein Therapy

- Evaluation Of Venous Insufficiency Or Varicose Veins
- Spider Vein Therapy
- Other _____

- Sphenopalatine Ganglion Block (Migraine and Cluster Headache Therapy)
- PICC Line
- Paracentesis
 Therapeutic Diagnostic
- Epistaxis
- Lumbar Subarachnoid Drain
- Epidural Steroid Injections Cervical
 Thoracic Lumbar Sacral
- Epidural Blood Patch
- Discograms
- Core Needle Biopsy Procedures
 Head/Neck _____ (specify area)
 Spine _____ (specify area)
 Body _____ (specify area)
 Other _____ (specify area)

Women's Health

- Uterine Fibroid Embolization
 (Pelvic MRI Required)
- Pelvic Congestion Syndrome
- Other _____

Interventional Oncology

- Y-90(Selective Internal Radiation Therapy)
- Trans-Arterial Chemoembolization
- Thermal Ablations (Microwave And Cryoablation)
(circle one - Lung, Liver or Kidney)
- Port Placement/Removal/Check
- Other _____



Raleigh Radiology Midtown

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Hours:

Monday - Friday
8:30 a.m. - 5:00 p.m.

Consults are done prior to the procedure (excluding PICC line and Spider Vein Therapy). Please send all pertinent clinical history and related prior imaging studies.