



Tuba City
Regional Healthcare Corporation

Interventional Radiology (IR) Order Form

Please see our website: http://tchealth.org/imaging_study/ for Secondary Order Forms, Patient Instructions, and other items to submit.

Spine Intervention:

- Vertebroplasty
- Kyphoplasty
- Sacroplasty
- Discogram
- Other: _____

Interventional Oncology Treatments:

- Radiofrequency Ablation
- Embolization
- Other: _____

Gynecologic Intervention:

- Uterine Fibroid Embolization
- Pelvic Congestion Syndrome
- Other: _____

Biopsy: Mass? [Y / N]

- Thyroid [R / L]
- Breast (order using "Primary Imaging Order Form")
- Lymph Node: _____
- Lung [R / L]
- Stomach
- Liver
- Kidney [R / L]
- Bone: _____
- Bone Marrow: _____
- Soft Tissue: _____
- Other: _____

Other:

- Male Varicocele Embolization
- Other: _____

Fluid Analysis:

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Protein | <input type="checkbox"/> Gram Stain |
| <input type="checkbox"/> Glucose | <input type="checkbox"/> Cytology |
| <input type="checkbox"/> Culture | <input type="checkbox"/> Cell Count |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> AFB |

Pain Management (services provided in cooperation with Pain Clinic, Dr. Watkins):

- Consult Treat
- Injection request: Level: _____ Radiologist discretion
- Facet Injection Epidural Steroid Injection
- Medial Branch Block Select Nerve Root Block [R / L]
- SI Joint [R / L] Stellate Ganglion Block / Ablation
- Hip Joint [R / L] Celiac Ganglion Block / Ablation
- Sympathetic Block Popliteal Cyst [R / L]
- Lumbar Puncture Myelogram
- Other: _____

GI/Genitourinary: Consult Treat

- Stent, Location: _____
- Nephrostomy [L / R] Cholecystotomy
- Trans Hepatic Cholangiography Percutaneous Gastrostomy
- Other: _____

Drainage: Consult Treat

- Paracentesis
- Thoracentesis
- Abscess Drainage, Location: _____
- Aspiration, Location: _____
- Tube Check / Removal
- Fistulogram / Asscessogram
- Pleurex Placement (requires cooperation of ordering physician)
 - Pleural [R / L] Peritoneal

Vascular Interventions: Consult Treat

- Diagnostic Angiography, Location: _____
- *Arterial Revascularization of Limb, Location: _____
- Venous Revascularization of Limb (ie: DVT treatment),
Location: _____
- Port Placement / Removal
- IVC Filter Placement / Removal
- TIPS
- Arterial Embolization
- Dialysis Access Maintenance (order using "Primary Imaging Order Form")
- Other: _____

* For lower extremity arterial revascularization procedures, please provide recent ABI, LE arterial duplex US, or LE doppler study results in addition to information regarding prior intervention and clinical notes indicating diagnosis of PAD, critical limb ischemia or acute limb ischemia.

Patient Name: _____ DOB: _____ MR #: _____

Comments: _____
