PENNSTATE HERSHEY
Heart & Vascular
Institute

## CVIR Outpatient Procedure Request Form

Imprint Patient Plate / Sticker	

Requested Date of Service:	Patient Location:	Phone Num	ıber:	
Clinical History:		<u>Labs</u>	<u>Clinical</u>	
-		BUN:	Pregnant: Yes No	
		CR:	Diabetes: Yes No	
Clinical Question / Reason for Exa	ım:	PT:	On Glucophage: Yes No	
		PTT:	Blood Thinners: Yes No	
		Plats:	Contrast Allergy: Yes No	
			Weight: lbs	
Ordering Physician Signature:		Beeper:		
Arterial Vascular	Non Vascular	Ver	nous Access	
Head and Neck	<u>Biliary</u>	<u>Nont</u>	tunneled Devices	
☐ Arch and Cervical Carotids	☐ Cholangiogram	□ Hohn Place	ment	
☐ Carotid Cerebral [Bilat / R / L]	☐ Biliary Drainage	■ Nontunneled Catheter Exchange		
☐ Vertebral [Bilat / R / L]	□ Biliary Drainage Catheter Change		d / Implanted Device	
<u>Chest</u>	□ Internal Biliary Stent Placement		fusion Catheter	
☐ Thoracic Aortogram	☐ Biliary Endoscopy	Number of Lumens: [ 1 2 3 ]		
☐ Pulmonary Arteriogram	☐ Other:	☐ Tunneled Dialysis Catheter		
☐ Bronchial / Intercostal Arteriogram	<u>Gastroenteric</u>	☐ Catheter Removal		
Abdomen  April Apr	☐ G Tube Placement☐ GJ Tube Placement	☐ Catheter Ex		
☐ Aortogram (includes Pelvis) ☐ Aortogram & Runoff [Bilat / R / L]	☐ Go rube Placement ☐ G or GJ Tube Change		planted Device	
☐ Aortogram & Runoff [Bilat / R / L]☐ Renal [Bilat / R / L]	G or GJ Tube Change G or GJ Tube Conversion	☐ Chest Port Placement Number of Lumens: [1 2]		
☐ Visceral [Celiac / SMA / IMA]	Other:	Access Port		
☐ Internal Iliac [Bilat / R / L]	Genitourinary	☐ Arm Port Pla		
Extremity	□ Nephrostogram	☐ Port Remov		
☐ Upper Extremity [Bilat / R / L]	■ Nephrostomy Tube Change / Upsize	Dialysis Access		
□ Lower Extremity [Bilat / R / L]	☐ Nephrostomy Tube Placement	☐ Dialysis Access Thrombolysis		
[ ]	Specify Side: [Bilat / R / L]	☐ Dialysis Access Injection / Repair		
Venous Vascular	☐ Fallopian Tube Recanalization	J	<b>,</b>	
☐ Upper Extremity Venogram [Bilat/R/L]	☐ Other:			
☐ Lower Extremity Venogram [Bilat / R / L]	<u>Abscess</u>	Trans	svascular Biopsy	
☐ Vena Cava [ SVC / IVC ]	□ Abscess Drain Placement	□ Transjugula	r Liver Biopsy (Triple Package)	
☐ Renal [Bilat / R / L]	☐ Abscess Drain Change / Upsize		patic venogram	
	☐ Other:	He	patic vein pressures	
Vascular Intervention*	<u>Musculoskeletal</u>	Tra	ınsjugular liver biopsy	
☐ Angioplasty	□ Discography			
☐ Stent	□ Vertebroplasty	, ,	r Kidney Biopsy	
☐ Embolization	☐ Facet Injection	(Requires CVIF	R attending preapproval)	
☐ Chemoembolization	☐ Other:			
☐ Thrombolysis				
□ IVC Filter Placement	Other Service Not Listed			
☐ IVC Filter Removal	Specify:			
☐ TIPS Placement /Revision				
☐ Foreign Body Retrieval☐ Uterine Fibroid Embolization☐				
☐ Varicose Vein Treatment				
*SITE OF INTERVENTION:	IN FULL CIONED DV A DUVCIOIAN	 	05 D 1	