

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Appointment Date / Time \_\_\_\_\_

Diag. Code \_\_\_\_\_ Clinical Information \_\_\_\_\_

Symptoms *(Please identify for each study)* \_\_\_\_\_

Physician Signature\* \_\_\_\_\_ Physician Name \_\_\_\_\_

**\*Requires original physician signature**

Female Patient LMP \_\_\_\_\_  Perform urine pregnancy test? \_\_\_\_\_

Creatinine\* \_\_\_\_\_  Perform Creatinine / BUN \_\_\_\_\_

*\*Provide Creatinine levels on any CT patient with Diabetes (within 1 week of appointment) and all patients over 55 years of age (within 3 months of appointment.)*

STAT Report Fax# \_\_\_\_\_

## CONSULTS

- AAA Repair
- Carotid, Brachiocephalic Stenosis
- Kyphoplasty / Vertebroplasty
- Mesenteric Artery Stenosis
- Oncological Interventions: RF / Cyro Ablation
- Peripheral Vascular Disease: Angioplasty / Stent
- Sphenopalatine Ganglion Block / Migraine Headaches
- Spinal Mets Abalation
- Tenex / Tendonitis / Fasciitis
- TIPS
- Uterine Fibroid Embolization
- Varicose Vein
- Venous Access / PICC / Hickman
- Other \_\_\_\_\_

## ARTERIAL EXAM / PRESSURE STUDY

- Aneurysmal Disease
- Claudication: Pain with Ambulation / Weakness
- Diminished Pulses with Ambulatory or Rest Pain
- Evidence of Thromboembolic Event (Blue-Toe Syndrome)
- Follow-up Angioplasty / Stent
- Follow-up Bypass Graft
- Follow-up Treatment
- Pre-Surgical Clearance
- Rest Pain
- Skin Breakdown / Ulceration / Gangrene
- Trauma
- Other \_\_\_\_\_

Additional Comments \_\_\_\_\_



**EASTERN RADIOLOGISTS**

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