



Revision Date: 3/1/2024

Coffeyville Regional Medical Center
1400 West Fourth St.
Coffeyville, KS 67337
620-251-1200

**OUTPATIENT
PHYSICIAN ORDER FORM**

INTERVENTIONAL RADIOLOGY

CHRISTY RN 620-252-1179
FAX ORDER 620-252-1611

Patient Name _____

DOB _____ SS# _____

Phone # _____

Doctor _____

Appt. Date & Time _____

Visit # _____ Med Rec# _____

Pre-certification # _____

**ALL 3 LABS NEEDED FOR IR
MARKED WITH ***

- APTT**
- PROTIME/INR**
- CBC/AUTO DIFF**

IS PATIENT CURRENTLY TAKING ANY

BLOOD THINNERS? Y N

X-RAY/CT DYE ALLERGY Y N

IR/CAT SCAN *

- ABDOMEN PERCUTANEOUS BIOPSY
- ABSCESS DRAIN PLACEMENT
- ABSCESS DRAIN CHECK
- ABDOMEN RETROPERITONEAL BX
- BONE MARROW BIOPSY
- BONE BIOPSY
- CELIAC PLEXUS ABLATION
- CHEST TUBE INSERTION
- FLUID DRAINAGE (CYST)
- LIVER BIOPSY
- LUNG BIOPSY
- LYMPH NODE BIOPSY
- PERIPHERAL NERVE ABLATION
- PLEURA BIOPSY
- RENAL BIOPSY
- VERTEBRA BIOPSY
- CT MYELOGRAM C T L
- INJ MYELOGRAM C T L

IR/MRI *

- INJ ELBOW ARTHROGRAM LT RT
- ELBOW MRI LT RT
- INJ KNEE ARTHROGRAM LT RT
- KNEE MRI LT RT
- INJ SHOULDER ARTHROGRAM LT RT
- SHOULDER MRI LT RT
- INJ HIP ARTHROGRAM LT RT
- HIP MRI LT RT

Additional Orders or Instructions:

IR/PAIN MANAGEMENT

- DISCOGRAM INJ * C T L
- KYPHOPLASTY/VERTEBROPLASTY T L
- ILLIOINGUINAL NERVE BLOCK
- INTERCOSTAL NERVE ABLATION *
- INTERCOSTAL NERVE BLOCK
- INTERVERTEBRAL DISK ASPIRATION *
- RADIOFREQUENCY ABLATION *
Lumbar/SI Hip Knee LT RT
- SACROPLASTY* LT RT
- PAIN MANAGEMENT REFERRAL
(needs separate form)
Epidural Injections, Nerve Blocks, MBNB,
Major Joint Injections, SI Joint Injections

IR/ULTRASOUND *

- ARTHROCENTESIS JOINT LT RT
- BIOPSY BREAST LT RT
- BIOPSY THYROID FINE PERCUT
- BIOPSY LYMPH NODE LT RT
- BIOPSY OTHER
- CYST ASPIRATION BREAST LT RT
- PARACENTESIS
- RENAL CYST ASPIRATION LT RT
- SOFT TISSUE FLUID DRAIN LT RT
- SCLEROTHERAPY SEROMA LT RT
- THORACENTESIS LT RT
- RENAL BIOPSY LT RT

Other Interventional Radiology Procedures:

IR/FLUOROSCOPY

- BARIUM SWALLOW
- BONE BIOPSY
- MODIFIED BARIUM SWALLOW
- BARIUM ENEMA
- G TUBE or GJ TUBE PLACEMENT
- G TUBE or GJ TUBE REPLACEMENT
- G TUBE OR GJ TUBE CHECK
- HYSTEROSALPINGOGRAM (HSG)
- IVC FILTER INSERT REPLACE *
- LUMBAR PUNCTURE *
- PICC LINE INSERTION
- PORTACATH PATENCY
- PORT INSERT REPLACE REPOS *
- PLEURX CATHETER DRAIN *
- REMOVAL TUNNELED CATHETER
- RETROGRADE CYSTOGRAM
- SMALL BOWEL SERIES
- SNIFF TEST
- TRANSCATHETER RETRIEVAL
- UPPER GI SERIES
- VENOGRAM
- VOIDING CYSTOURETHROGRAM

IR/ PATHOLOGY

- BONE MARROW BIOPSY - PATH
SLIDE; CBC/AUTO DIFF;
CHROMOSOME; LEU/LYM;
CLL/LYMPHOMA FLOW CYT
- CYTOLOGY
- HISTOLOGY
- LUMBAR PUNCTURE - PROTEIN,
BODY FLUID CULTURE; GLUCOSE,
BODY FLUID; CELL COUNT/DIFF
- PARA/THORA -CELL
COUNT/DIFF,BODY FLUID

REQUIRED: PROVIDE **SIGNS, SYMPTOMS, DIAGNOSIS,** OR OTHER INFORMATION SUPPORTING THE MEDICAL NECESSITY OF ORDER. ORDER **WILL NOT BE DONE** WITHOUT THIS DOCUMENTATION!

ORDERING PROVIDER SIGNATURE _____ Date _____ Time _____