Imaging Scheduling / Orders

Phone: 208.625.6360 Fax: 208.625.6361
*** Please call to schedule prior to faxing order ***

Order date: _____ **Appointment date:** _____ **Time:** _____ ❑ am ❑ pm
Insurance authorization #: _____ **Scheduled by:** _____ **Taken by:** _____
Patient name (print): _____ **Birthdate:** _____
Primary phone: _____ **Secondary phone:** _____
Previous related studies: Where performed? ❑ Kootenai Health ❑ Other (please specify): _____

Ordering / Referring Provider name (print): _____ CC Provider(s): _____ Fax: _____

***Provider Signature:** _____ **Date:** _____ **Time:** _____

Other Procedure(s): (Please describe in detail) _____	**Please Specify Narrative Diagnosis:**

❑ SEDATION or ❑ANESTHESIA REQUIRES H&P DATED WITHIN THE PAST 30 DAYS

CT Scans

❑ Calcium Scoring
❑ Coronary Arteries
❑ W / Calcium Scoring ❑ W /O Calcium Scoring
❑ SI Joint Injection Location: _____
❑ Therapy Planning
❑ Heart Structures & Morphology

❑ Biopsy with Sedation
Location _____
❑ Aspiration
Location: _____
Percutaneous Abscess Drain
❑ Location: _____

❑ Nephrostomy
❑ Chest Tube Insertion
❑ TAVR
❑ Cystogram Contrast
❑ Angio Chest (Gated)

Ultrasound

❑ Liver Biopsy with Sedation
❑W/ Abdomen Complete
❑ Renal Biopsy with Sedation

❑ Other Biopsy with sedation
Location: _____

❑ Abscess Drain Guidance
Location: _____

Diagnostic X−Ray

❑ **G/J Tube**
❑ Exchange ❑ Check ❑ Removal
❑ **G−Tube**
❑ Exchange ❑ Check ❑ Removal
❑ **NG Tube**
❑ Placement ❑ Exchange
❑ **J−Tube**
❑ Exchange ❑ Check ❑ Removal

❑ Epidural Steroid Injection
Level: _____
❑ Facet Injection
Level: _____
❑ Lumbar Puncture
Complete the Body Fluid Test Request

❑ Blood Patch
❑ Intrathecal Chemotherapy

Myelogram with sedation
❑ Cervical ❑ Thoracic ❑ Lumbar

❑ Modified Barium Swallow
❑ Esophogram
❑ Pediatric Modified Barium Swallow (**Call McGrane Center at 625−5356**)

Interventional Radiology

Ports
Chest
❑ Insertion ❑ Removal
Arm
❑ Insertion ❑ Removal

PICC Lines
PICC Line (Tunneled IJ)
❑ Insertion ❑ Removal
❑ PICC Line Insertion (Non−Tunneled)

Catheters
Tunneled Catheter
❑ Insertion ❑ Removal
Non−Tunneled Catheter
❑ Insertion ❑ Removal
Pleurex Catheter
❑ Insertion ❑ Removal

Nephrostomy Tube
❑ Insertion ❑ Removal ❑ Change
❑ Left ❑ Right

Biliary Drain
❑ Insertion ❑ Removal ❑ Change

Gastric Tube
❑ G − Tube Placement
❑ G/J −Tube Placement

Other:
❑ Fistulagram
❑ Transjugular Liver Biopsy
❑ Foreign Body Removal

***Pre−Procedure Consultation with Radiologist required for these procedures. Order for consultation includes any recommended pre/post procedural imaging studies.**

❑Y−90*
❑Chemoembolization*
❑TIPS Procedure*
❑TIPS Revision*
❑Uterine Fibroid Embolization*
❑Vena Cava Filter (IVC) Placement
❑Vena Cava Filter (IVC) Removal
❑CT Guided Celiac Plexus Block
❑Kyphoplasty/Vertebroplasty*
Level: _____
❑Cryoablation/Microwave Ablation*
Location: _____
❑Other: _____

Angio*
❑ Visceral Abdomen / Pelvis
❑ Carotid / Cerebral
❑ Chest
❑ Extremity
❑Upper Left ❑ Upper Right
❑Lower Left ❑ Lower Right
❑ Visceral
❑Aorta ❑ Pulmonary

Venography*
❑ Extremity
❑Upper Left ❑ Upper Right
❑Lower Left ❑ Lower Right
❑ Renal Vein Sampling

Patient Identification - Write in or attach patient label
Name:
MRN #:
CSN #:
DOB/Sex:

KootenaiHealth

Referral Attachment
714000-001