



Interventional Radiology Procedure Order Form

Please Fax Order To: Centralized Scheduling #432-221-4926

Patient Name: _____ D.O.B: _____ Patient Weight: _____ Patient Phone #: _____

Procedure Requested: _____

Diagnosis: _____ ICD10 #: _____

Labs Needed: CBC Coags CMP Other _____

Preauthorization Required Yes No ***If Yes, IR will Call Back with Date and Time of Appointment and/or Specific Imaging Guidance to be Used for the Procedure for Your Office to Obtain the Preauthorization***

If NO Preauthorization Required Reference #: _____ ***Please Send Copy of Reference***

Provider Name (printed): _____ Provider Signature: _____

Date Signed: _____ Time Signed: _____ Phone #: _____

Patient Medical Information

History of Cancer: Yes No If Yes, what type? _____

Date of Diagnosis: _____ Last Treatment Date: _____ Other Information: _____

Is the Patient on Blood Thinners? Yes No Blood Thinner Medication: _____

Has the Patient had PLTS, PT, INR, and PTT Drawn Within the Last 30 days? Yes No ***If Yes, Please Send Results.***

Is the Patient Able to Sign a Consent Form? Yes No If No, Patient's Representative Information:

Representative Name: _____ Phone #: _____

Does the Patient Have Imaging Studies Outside of Midland Health? Yes No Where: _____

****Please Have the Imaging Study Sent to:**

Midland Health – Attn: Interventional Radiology 400 Rosalind Redfern Grover Parkway Midland, Texas 79701

(Patient Label)

Patient Name:

Patient DOB:

MR #:

Acct #:

Interventional Radiology Procedure Order Form

Radiology Department

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Effective Date: 04/06/2023

Last Review Date: 04/06/2023

Scan to: Physician Order



IRPOFRD

Pre-Op Information

Location: Main Campus of Midland Memorial Hospital. 400 Rosalind Redfern Grover Parkway
Please park in a Green Leaf Parking area and enter through the Green Leaf Entrance.

NPO: All Patients having Sedation, Angiograms, and/or Lab Work will need to be NPO after midnight.

Assistance After the Procedure: For patient safety, please plan to have a ride home after the procedure and someone to stay with you, for the evening.

Medications: All Patients Need to Bring a List of their Current Medications. Patients taking their Hypertension Medication should take their medication at the usual time with a small sip of water; regardless of being NPO. Patients should not take their insulin injections, if the patient is NPO.

IR/Centralized Scheduling STAFF ONLY

Outside Images and Reports: Yes No Report Received: Yes No Images Received: Yes No
Request Presented to _____ IR MD: Date: _____ Time: _____ Initials: _____

IR MD Procedure Plan: _____
Procedure Guidance Under: CT Fluoro Ultrasound Other: _____
Approving IR MD: Annamali Bhandari Butler Chamarthy Cizak Smith
Approving IR MD Initials: _____ **Date:** _____ **Time:** _____

Appointment Date: _____ Arrival Time: _____ FIN #: _____ Accession #: _____
Provider Office Notified of Date/Time of Appt/Imaging Method: Yes No
Request for Pre-Auth Made: Yes No N/A Date Preauthorization Received: _____ Copy Received: Yes No
Preauthorization #: _____ Preauthorization Valid From: ___/___/___ to ___/___/___

Patient Notified of Appointment Time: Date: _____ **Arrival Time:** _____ **Initials:** _____

(Patient Label)

Patient Name:
Patient DOB:
MR #:
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