RBMC IR CATH LAB CASE REQUEST

Scheduling Phone (541) 222-8765 Scheduling Fax (541) 222-8766

STAT procedures need radiologist approval. If this procedure is needed in less than two weeks due to urgent medical need, please call RAPC support at 541-284-4016 to discuss the specific patient's case.

*Procedure	Labs/Imaging Needed Prior	*Procedure	Labs/Imaging Needed Prior
BILIARY CATHETER EXCHANGE ☐ *47535 CONV EXT BIL DRG CATH TO INT_EXT DRG* ☐ *47536 EXCHANGE BIL DRG CAT PRQ W/IMG GID*	CBC, INR, BMP	GASTROSTOMY TUBE REPLACEMENT/EXCHANGE ☐ *43762 PERQ RPLC GTUBE NOT REQ REVJ GSTRST* ☐ *49452 RPLC GASTRO-JEJUNOSTOMY TUBE PERC*	CBC, INR, BMP
BILIARY/ HEPATIC TUBE CHECK ☐ *47531 NJX CHOLANGIO PRQ W/IMG GID RS&I EXT* ☐ *47532NJX CHOLANGIO PRQ W/IMG GID RS&I NEW*	CBC, INR, BMP	☐ GASTRO/JEJUNAL CATHETER EXCHANGE	CBC, INR, BMP
		☐ JEJUNOSTOMY TUBE EXCHANGE	CBC, INR, BMP
BILIARY STENT PLACEMENT ☐ *47538 PR PLMT BILE DUCT STENT PRQ EXIST ACCESS* ☐ *47539 PR PLMT BILE DUCT STENT PRQ NEW ACC W/O CATH* ☐ *47540 PR PLMT BILE DUCT STENT PRQ NEW ACCESS W/ CATH*		☐ INDWELLING TUNNELED PLEURAL CATH W/CUFF PLACEMENT	CT CBC, INR, BMP
		☐ INFERIOR VENA CAVA FILTER REMOVAL	
BILIARY CATHETER PLACMENT ☐ *47533 PR PRQ PLMT BIL DRG CATH W/IMG GID RS&I EXT* ☐ *47534 PR PRQ PLMT BIL DRG CATH W/IMG GID RS&I INT/EXT*		☐ INFERIOR VENA CAVA FILTER PLACEMENT	CBC, INR, BMP
		☐ NEPHROSTOMY TUBE PLACEMENT	
☐ CENTRAL VENOUS LINE EXCHG - TUNNELED	CBC, INR, BMP	☐ NEPHROSTOMY TUBE EXCHANGE	CBC, INR, BMP
☐ CENTRAL VENOUS LINE PLACEMENT TUNNELED	CBC, INR, BMP	☐ NEPHROSTOMY TUBE REMOVAL	
CHOLANGIOGRAM ☐ *47531 PR NJX CHOLANG PRQ W/IMG GID RS&I EXIST ACCESS* ☐ *47532 PR NJX CHOLANG PRQ W/IMG GID RS&I NEW ACCESS*		☐ NEPHROSTOMY TUBE CONVERSION	CBC, INR, BMP
		STENT PLACEMENT URETERAL ☐ *50433 PR PLMT NEPHROURTRL CATH PRQ NEW ACCESS RS&I* ☐ *50693 PR PLMT URTRL STNT PRQ PRE-EXT NFROS TRACT* ☐ *50695 PR PLMT URTRL STNT PRQ NEW ACCESS W/SEP NFROS* ☐ *50694 PR PLMT URTRL STNT PRQ NEW ACCESS W/O SEP NFROS*	
CHOLECYSTOTOMY TUBE PLACEMENT ☐ *47533 PR PRQ PLMT BIL DRG CATH* ☐ *47534 PR PQR PLMT BIL DRG CATH W/IMG GID RS&I INT/EXT*	CT CBC, INR, BMP		
CHOLECYSTOSTOMY TUBE EXCHANGE ☐ *47535 CONVERT EXT BIL DRAIN CATH TO INTNL-EXT BIL* ☐ *47536 EXCHANGE BIL DRG CATH PRQ W/IMG GID*	CBC, INR, BMP	☐ PORT REMOVAL	CBC, INR
☐ DIALYSIS CATHETER INSERTION	CBC, INR, BMP	☐ PORT IMPLANTATION	CBC, INR, BMP
☐ DIALYSIS CATHETER EXCHANGE	CBC, INR, BMP	☐ TRANSJUGULAR LIVER BIOPSY	CBC, INR, BMP
☐ DIALYSIS CATHETER FROM TEMP TO TUNNEL	CBC, INR, BMP	☐ TUNNELED PERITONEAL CATHETER PLACMENT	CT/US, CBC, INR, BMP
☐ DIALYSIS CATHETER REMOVAL		☐ DIALYSIS CATHETER INSERTION TEMPORARY	

When you select one of the exams below this box you are also indicating that you have spoken with a RAPC radiologist and are taking responsibility for all Pre/Post patient care for the selected procedure.

*Indicate which radiologist you have spoken to about this case: _____

☐ GASTROSTOMY TUBE PLACEMENT		☐ Y-90 – Includes all orders below: *Y-90 PLANNING & Y-90 TREATMENT cases* *NM Liver SPECT with CT Localization* *NM Y 90 Therapy with CT Location*	CT/MRI CBC, INR, BMP, LFTs, Tumor marker
☐ GASTRO/JEJUNOSTOMY TUBE PLACEMENT			
☐ JEJUNOSTOMY TUBE PLACEMENT		☐ EMBOLIZATION VISCERAL – TACE for HCC Treatment If ordering in conjunction with ablation select type of ablation below (Modality changed per radiologist descrection) ☐ CT Liver Ablation ☐ CT Renal Ablation	
☐ _____			

***PATIENT NAME: _____ *D.O.B. _____**

***TELEPHONE: _____**

***Diagnosis/ICD-10 Code(s): _____**

□ Stat (requires radiologist prior approval, call 541-284-4016) □ Routine, most patients scheduled 2-3 weeks from date of complete order

***If patient is anticoagulated and/or on antiplatelet agents, can these agents safely be held for up to 5 days? YES / NO**

If NO, please plan bridging around patient's scheduled procedure.

***ORDERING PROVIDER SIGNATURE: _____**

***ORDERING PROVIDER NAME (PRINT): _____ *DATE: _____**

All fields with [*] are REQUIRED. Incomplete forms will be returned.

REMINDER: Include Demographics, Insurance, Prior authorization & Current H&P including relevant diagnosis