



**Patient Information (Required for Scheduling)**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F SS#: XXX-XX-\_\_\_\_\_  
First & Last Name

Patient's Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Plan & Product

Secondary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Plan & Product

**Order Information - Endovascular Lab**

Diagnosis: \_\_\_\_\_ ICD-CM Code: \_\_\_\_\_

Test/Service: \_\_\_\_\_ CPT Code: \_\_\_\_\_

**Instructions: Mark through any order not needed. Send to lab first, then to Heart & Vascular Unit.**

Patient is scheduled for:  Arteriogram  Fistulagram  IVC Filter  Other: \_\_\_\_\_

Location:  N. Decatur  Hillandale  
 Date & Time of Procedure: \_\_\_\_\_  
 Anesthesia:  General  MAC  Moderate Sedation

1. Diet:  NPO after midnight, night before procedure. Patient may take approved home meds with small sip of water.  
 NPO now
  2. Meds: Continue usual PO meds except Coumadin or Glucophage/Metformin (if patient on Coumadin or Heparin, notify ENDO RN at ext. 1095)
  3. Labs: To be drawn STAT and results in SCM (BUN/Creatinine within last 2 days may be used)  
 (PT/PTT/INR within last 30 days may be used)
- |  |   |
|--|---|
| <p><b>Labs to be completed day of procedure:</b></p> <input type="checkbox"/> BUN<br><input type="checkbox"/> Creatinine<br><input type="checkbox"/> PT (INR)<br><input type="checkbox"/> PTT (only if on heparin type drug)<br><input type="checkbox"/> CBC No Diff<br><input type="checkbox"/> CBC with Diff<br><input type="checkbox"/> BMP | <p><b>Reason for Lab Test:</b></p> <input type="checkbox"/> Pre-procedural examination<br><input type="checkbox"/> Pre-procedural lab exam<br><input type="checkbox"/> Long-term use of: <input type="checkbox"/> Aspirin _____<br><input type="checkbox"/> Antiplatelets/Antithrombotics<br><input type="checkbox"/> Anticoagulants/Coumadin<br><input type="checkbox"/> Other: Plavix or Pletol |
|--|---|
4. Infuse IV of 0.45 NaCl at 100 mL/hr, if patient on dialysis, infuse 0.45 NaCl IV at 20mL/hr.
  5. Diabetics should hold their normal AM insulin dose and stop Metformin/Glucophage immediately. Please instruct patient to hold Metformin/Glucophage for two days following procedure.
  6. Remove jewelry (patient may wear hearing aids).
  7. Dress patient in hospital gown.
  8. Always have patient void prior to coming to Endovascular Suite.
  9. Clip and prep both groins.
  10. (If diabetic) Check blood glucose, record. Notify physician if out of normal range.
  11. Insert foley for female patients and condom catheter for male patients. No foley if the patient is on dialysis.
  12. Initiate on call to Endovascular Suite.  Ancef 2 G IV  Ancef 1 G IV  Vancomycin 1 G IV  No Antibiotic  Other: \_\_\_\_\_
  13. If patient is allergic to contrast dye, give:  Solumedrol 125 mg IV  Benadryl 25 mg IV  Benadryl 50 mg IV  Pepcid 20 mg PO
  14. Please call Endovascular Department at extension 1095 for any significant medical history, abnormal labs, if patient weights over 350 pounds or for any other questions/concerns.

**Referring Physician Information**

Physician Name (first & last): \_\_\_\_\_ NPI#: \_\_\_\_\_ GA License #: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**I hereby certify that the services indicated in the above order form are medically necessary.**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_