

Patient Name: _____ M F DOB: _____

Patient Phone (REQUIRED): _____ Date: _____

Provider Signature: _____ Provider Name (print): _____

Dx/Indication: _____ STAT: Yes No _____

Pain Management

- Cervical Epidural – Interlaminar
 - Level _____
- Thoracic Epidural Injection
- Interlaminar or Transforaminal
 - Level _____
 - L R B/L
- Lumbar/Sacral Epidural Injection
 - Interlaminar or Transforaminal
 - Selective Nerve Block (SNRB)
 - Level _____
 - L R B/L
 - Facet Joint Injection
 - Level _____
 - L R B/L
 - SI Joint Injection
 - L R B/L
 - Joint Injection
 - Specify _____

Liver/Biliary Procedures – Requires Rad Consultation

- Percutaneous Transhepatic Cholangiogram (PTC)
- Transhepatic biliary drain
- Percutaneous Cholecystostomy
- Fiducial Placement _____

Other – Specify Procedure

- _____

Image Guided Biopsy - Specify

- _____

Drain Placement - Specify

- _____

Aspiration - Specify

- _____

Genitourinary Procedures

- Percutaneous Nephrostomy
- Ureteral Stent Placement
- Nephrostomy tube exchange

Vascular Access Procedure

- Port-A-Cath Placement
- Tunneled Dialysis Catheter
- Temporary Dialysis Catheter
- PICC Placement
- Other Catheter - Specify _____

Miscellaneous

- Epidural Blood Patch
- Lumbar puncture
 - Opening pressure
- Intrathecal Injection – Specify medication
 - _____
- Tube check

*Please send Copy of Insurance Cards, Demographics, and Clinical Notes that support order

(We do have READ ONLY access to SLHS EPIC EMR and can access the above pt information)