

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)