



☐ VIP OFFICE
6685 NW 9th Blvd. (352)333-7VIP (7847) FAX (352)333-0990

Name: _____ DOB: _____ M / F _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Dr. Phone: _____

SS#: _____

★ Your Appointment: Date: _____ Time: _____



Referring Provider	Dr. Name: _____ Dr. Phone: _____ Dr. Fax: _____
	<input type="checkbox"/> PHONE REPORT <input type="checkbox"/> PHONE & HOLD REPORT <input type="checkbox"/> SEND CD/DVD VIA PATIENT <input type="checkbox"/> WET READ <input type="checkbox"/> Copy To: _____
	DX History & Notes: _____
	Insurance: _____ X _____ Physician's Signature

ARTERIAL	FLUOROSCOPY/GI/GU	ONCOLOGY CONSULTATION
Initial Consultation (PVD/PAD):	Hysterosalpingogram 74740 prep 4	RFA (specify organ)
Lower Extremity Arterial Testing (ABI, Arterial doppler)	Cystogram (adult only) 74430	Chemoembolization
Non-Invasive Vascular Imaging:	Urethrocytography 74450	UTERINE FIBROID CONSULT
MR Angiography (MRA)	Retrograde (adult only)	Embolization
Abdominal Aortogram	Urography, IVP 74400	Pelvic Congestion Syndrome
Runoff (Lower Extremity)	GASTROINTESTINAL	
Renal	Esophagus 74220 prep 1	INTERVENTIONAL SPINE MEDICINE & CONSULT
Arch & Cartoid	Upper GI 74246 prep 2	CT Myelogram
ARTERIOGRAPHY	GI & Small Bowel 74249 prep 2	Cervical 62284 + 72240
Abdominal Aortogram/Runoff (Lower Extremity)	Small Bowel Study 74250 prep 2	Thoracic 62284 + 72255
Renal	Entero-vu (small bowel) 74250 prep 3	Lumbar 62284 + 72265
Arch & Cartoid/Cerebral	Barium Enema 74270 prep 3	CT Level(s):
Mesenteric		Blood Patch 62273 Level:
Upper Extremity	INTERVENTIONAL PROCEDURES/CONSULTS	Lumbar Puncture 62270
VENOUS	Biopsy:	Transforaminal Epidural & Spinal Nerve Block
Phlebology (Varicose Veins)/Laser Ablation:	Soft Tissue/Neck 21550	Please list by nerve not foramen)
Initial 15 Minute Consultation 99201	Thyroid 60100	Thoracic 64479 <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
Complete Eval of Venous Insufficiency & Ultrasound	Breast 19102 <input type="checkbox"/> R <input type="checkbox"/> L	Lumbar 64483 <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
Bilateral 93970	Breast Bx Vacuum Assisted 19103	Level(s):
Unilateral 93971	Lymph Node 38505	Zygopophysial (Facet) Injection (Medial Branch Block):
Sclerotherapy (Spider Veins) 36471 <input type="checkbox"/> R <input type="checkbox"/> L	Lung 32405 <input type="checkbox"/> R <input type="checkbox"/> L	Cervical 64470 <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
Phlebectomy 37765 <input type="checkbox"/> R <input type="checkbox"/> L	Liver 47000	Thoracic 64470 <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
Laser Ablation 36478 <input type="checkbox"/> R <input type="checkbox"/> L	Kidney 50200 <input type="checkbox"/> R <input type="checkbox"/> L	Lumbar 64475 <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
Venous Access:	Bone (please specify site)	SI Joint 27096+77002 <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
PICC Line 36569	Other	Pars <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
Port Placement 36571		Translaminar Epidural Injection:
Venogram (vein mapping for fistula) 36005		Cervical 62310
Specify Site:		Thoracic 62310
DIALYSIS CONSULTS	ASPIRATION/DRAINAGE	Lumbar 62311
HDC Placement	Breast Cyst 19000 + 76942 <input type="checkbox"/> R <input type="checkbox"/> L	Sacral Hiatus 62311
HDC Removal	Thyroid 60300 + 76942	Level(s):
HDC Thrombolysis Evaluation/Revision	Drainage Catheter Evaluation	Provocative Discography:
AV Graft Fistula Non-Clotted	Abscess Drainage, Single 10060	Lumbar 62290 + 72295
AV Graft Fistula Clotted	Other	Level(s):
	Thoracentesis: 32421	Miscellaneous:
ULTRASOUND	Diagnostic	Pyiformis 20550 <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Aorta <input type="checkbox"/> Renal 76770	Therapeutic	Peripheral Nerve <input type="checkbox"/> R <input type="checkbox"/> L
Carotid Doppler 93880	Labs on Fluid (attach list)	Bursae <input type="checkbox"/> R <input type="checkbox"/> L
Vein Mapping 93970	Paracentesis: 49080	Other <input type="checkbox"/> R <input type="checkbox"/> L
	Diagnostic	List Site:
	Therapeutic	VERTEBROPLASTY CONSULT
VIP TECH ONLY	Fine Needle Aspiration (please specify site) 10022	Fracture Level(s)
Comparison Studies:		ARTHOGRAM/JOINT INJECTIONS:
<input type="checkbox"/> DIG <input type="checkbox"/> NFRMC		Shoulder <input type="checkbox"/> R <input type="checkbox"/> L CT Arthrogram: <input type="checkbox"/> Y <input type="checkbox"/> N
History:		Hip <input type="checkbox"/> R <input type="checkbox"/> L Radionuclide: <input type="checkbox"/> Y <input type="checkbox"/> N
		Wrist <input type="checkbox"/> R <input type="checkbox"/> L MR Arthrogram: <input type="checkbox"/> Y <input type="checkbox"/> N
		Knee <input type="checkbox"/> R <input type="checkbox"/> L Collect specimen: <input type="checkbox"/> Y <input type="checkbox"/> N
		Ankle <input type="checkbox"/> R <input type="checkbox"/> L Steroid/Anesthesia <input type="checkbox"/> Y <input type="checkbox"/> N
		Other:

SEE OTHER SIDE FOR INSTRUCTIONS AND LOCATION

Rev. 03/28/11

PATIENT INSTRUCTIONS

SPINE PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.
- Patients with contrast dye allergy must be pre-medicated, please contact our office for instructions.
- Coumadin, Aspirin, Plavix and any other blood thinners must be discontinued 5 days prior to the procedure.
- Patients should bring their diagnostic studies (MRI, CT, X-rays) with them if they were not performed at our office or North Florida Regional Medical Center.
- Instruct patients not to eat or drink 2 hours prior to lumbar procedures and 4 hours prior to cervical procedures.
- Patients should expect to spend a minimum of 2 hours in our office. This includes check-in, procedure and observation after the procedure.
- Spinal injections may not be performed on patients with existing illness or infection.
- Please contact our office nurse with any further questions.
- An injection series consists of 3 injections separated by 1-2 weeks. All 3 visits will be scheduled at the time of ordering.

BIOPSY PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.
- Coumadin, Aspirin, Plavix and any other blood thinners must be discontinued 5 days prior to the procedure.

ASPIRATION & PARACENTESIS/THORACENTESIS PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.

ARTERIOGRAM & VENOUS ACCESS PROCEDURES:

- Nothing to eat or drink 2 hours prior to the procedure.

PHLEBOLOGY/LASER ABLATION & UROLOGY PATIENT INSTRUCTIONS:

- All patients must be accompanied by a driver.
- Nothing to eat or drink 4 hours prior to the procedure.
- All patients must arrive 30 minutes early.
- All patients must shave all the way to the crease in their hip.

DIALYSIS PATIENT INSTRUCTIONS:

- Nothing to eat or drink after midnight prior to procedure, except for morning medication.

Hold the following medications the day of the procedure: Coumadin/ASA & Plavix.

Preps

Prep 1: Nothing to eat or drink 2 hours before examination.

Prep 2: Nothing to eat or drink after midnight. (Minimum 12 hours)

Prep 3: DAY BEFORE EXAMINATION

- a. Non residue diet (NO fruits, vegetables, fiber cereal or breads). Drink 8 ounces of clear liquids every hour until 5pm (NO drinks with pulp ie: orange juice or grapefruit juice)
- b. 4:30pm: drink 1 bottle, Magnesium Citrate
6 – 9pm: 8 ounces of water EVERY HOUR
7:30pm: 2 Dulcolax (Bisacodyl) tabs by mouth
9:30pm: Nothing by mouth until exam (*you may take regular medications with small amount of water ONLY THAT NECESSARY TO GET MEDS DOWN*)

DAY OF EXAMINATION

- a. **NOTHING TO EAT OR DRINK** (*you may take regular medication with small amount of water ONLY THAT NECESSARY TO GET MEDS DOWN*)
- b. Use ONE Dulcolax suppository TWO hours prior to scheduled exam.

DIABETIC PATIENTS SHOULD CONTINUE CLEAR LIQUIDS (SEE ABOVE) UNTIL EXAM TIME

Prep 4: Must be scheduled between 7 – 10 menstrual days.

VIP OFFICE LOCATION



Phone: (352) 333-7VIP (7847)

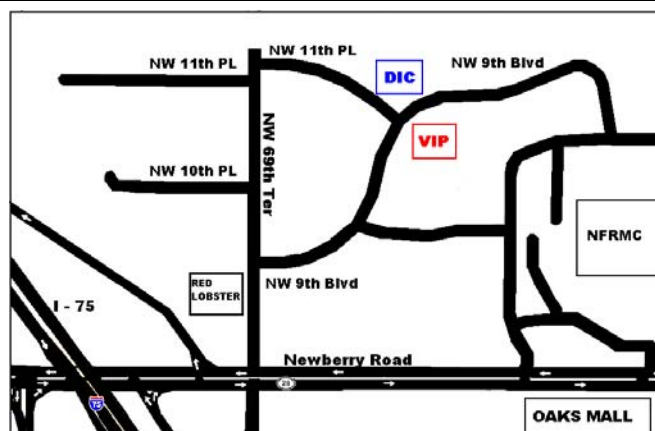
Fax: (352) 333-0990

6685 NW 9th Blvd, Gainesville

Hours: 7:00 a.m. to 5:30 p.m.

Monday through Friday

www.DoctorsImagingGroup-VIP.com



SEE OTHER SIDE FOR EXAMS

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