



**☐ VIP OFFICE**  
**6685 NW 9<sup>th</sup> 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: _____ <span style="float: right;">X _____ Physician's Signature</span>

ARTERIAL	FLUOROSCOPY/GI/GU	ONCOLOGY CONSULTATION
<b>Initial Consultation (PVD/PAD):</b>	Hysterosalpingogram 74740    prep 4	RFA (specify organ)
Lower Extremity Arterial Testing (ABI, Arterial doppler)	Cystogram (adult only) 74430	Chemoembolization
<b>Non-Invasive Vascular Imaging:</b>	Urethrocytography 74450	<b>UTERINE FIBROID CONSULT</b>
MR Angiography (MRA)	Retrograde (adult only)	Embolization
Abdominal Aortogram	Urography, IVP 74400	Pelvic Congestion Syndrome
Runoff (Lower Extremity)	<b>GASTROINTESTINAL</b>	
Renal	Esophagus 74220    prep 1	<b>INTERVENTIONAL SPINE MEDICINE &amp; CONSULT</b>
Arch & Cartoid	Upper GI 74246    prep 2	<b>CT Myelogram</b>
<b>ARTERIOGRAPHY</b>	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	BE with Air 74280    prep 3	Blood Patch 62273 Level:
Upper Extremity	<b>INTERVENTIONAL PROCEDURES/CONSULTS</b>	Lumbar Puncture 62270
<b>VENOUS</b>	Biopsy:	<b>Transforaminal Epidural &amp; Spinal Nerve Block</b>
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	<b>Zygapophysial (Facet) Injection (Medial Branch Block):</b>
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
Consult/Evaluation for:	Liver 47000	Thoracic 64470 <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
Phlebectomy 37765 <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
Laser Ablation 36478 <input type="checkbox"/> R <input type="checkbox"/> L	Bone (please specify site)	SI Joint 27096+77002 <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
Venous Access:	Other	Pars <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B
PICC Line 36569	<b>ASPIRATION/DRAINAGE</b>	<b>Translaminar Epidural Injection:</b>
Port Placement 36571	Breast Cyst 19000 + 76942 <input type="checkbox"/> R <input type="checkbox"/> L	Cervical 62310
<b>DIALYSIS CONSULTS</b>	Thyroid 60300 + 76942	Thoracic 62310
HDC Placement	Drainage Catheter Evaluation	Lumbar 62311
HDC Removal	Abscess Drainage, Single 10060	Sacral Hiatus 62311
HDC Thrombolysis Evaluation/Revision	Other	Level(s):
AV Graft Fistula Non-Clotted	Thoracocentesis: 32421	<b>Provocative Discography:</b>
AV Graft Fistula Clotted	Diagnostic	Lumbar 62290 + 72295
<b>OTHER EXAMS</b>	Therapeutic	Level(s):
	Labs on Fluid (attach list)	<b>Miscellaneous:</b>
	Paracentesis: 49080	Pyriformis 20550 <input type="checkbox"/> R <input type="checkbox"/> L
	Diagnostic	Peripheral Nerve <input type="checkbox"/> R <input type="checkbox"/> L
	Therapeutic	Bursae <input type="checkbox"/> R <input type="checkbox"/> L
	Labs on Fluid (attach list)	Other <input type="checkbox"/> R <input type="checkbox"/> L
	Percutaneous Gastrostomy w/ Fluoro 49440	List Site: _____
	Urology Consults:	<b>VERTEBROPLASTY CONSULT</b>
<b>VIP TECH ONLY</b>	PCN Tube <input type="checkbox"/> R <input type="checkbox"/> L	Fracture Level(s) _____
Comparison Studies:	Nephroureteral Stent	<b>ARTHROGRAM/JOINT INJECTIONS:</b>
<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. 05/26/10

## 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

- 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)
- 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

- NOTHING TO EAT OR DRINK (you may take regular medication with small amount of water ONLY THAT NECESSARY TO GET MEDS DOWN)
- 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)

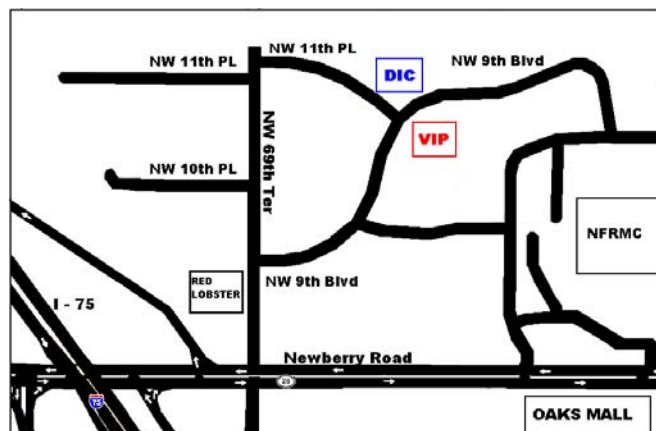
Fax: (352) 333-0990

6685 NW 9<sup>th</sup> Blvd, Gainesville

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

Monday through Friday

[www.DoctorsImagingGroup-VIP.com](http://www.DoctorsImagingGroup-VIP.com)



**SEE OTHER SIDE FOR EXAMS**

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