



Appointment Date & Time _____

Please call patient to schedule

Blue Ridge T 919-787-1389 F 919-256-3577
 Cary T 919-787-1389 F 919-256-3577

Routine (reports faxed automatically)

Schedule STAT (No Call Report)

Send w/ patient
 CD

Send by courier
 CD

Patient's Name Last First MI Birthdate

Patient's Phone Home Cell Work Email

Insurance (type) (Policy #) Group # (Authorization #)

Physician's Name (print) First Last Practice Name & Address Required Physician's Signature (No stamps allowed) Date

Exam requested Previous related studies? If so, where?

Reason for exams/symptoms Specific protocol needs

This order authorizes Raleigh Radiology to perform lab procedures on patients as deemed medically necessary

Interventional Radiology

- Percutaneous Cholecystostomy
- Transjugular Intrahepatic Portosystemic Shunt (Tips)
- Kyphoplasty/Vertebroplasty
- Balloon Angioplasty
- Thrombolysis
- Central Venous Catheter Placement/Removal
- Gastrostomy Tube Placement
- Hemodialysis Access Maintenance
- Nephrostomy Tube Placement or Exchange
- Varicocele Embolization
- IVC Filter Placement/Removal
- Prostate Artery Embolization

Vein Therapy

- Evaluation Of Venous Insufficiency Or Varicose Veins
- Spider Vein Therapy
- Other _____

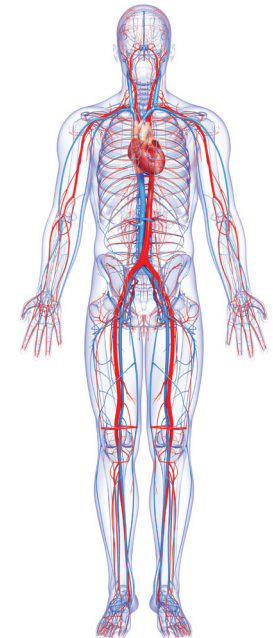
- Sphenopalatine Ganglion Block (Migraine and Cluster Headache Therapy)
- PICC Line
- Paracentesis
 Therapeutic Diagnostic
- Epistaxis
- Lumbar Subarachnoid Drain
- Epidural Steroid Injections Cervical
 Thoracic Lumbar Sacral
- Epidural Blood Patch
- Discograms
- Core Needle Biopsy Procedures
 Head/Neck _____ (specify area)
 Spine _____ (specify area)
 Body _____ (specify area)
 Other _____ (specify area)

Women's Health

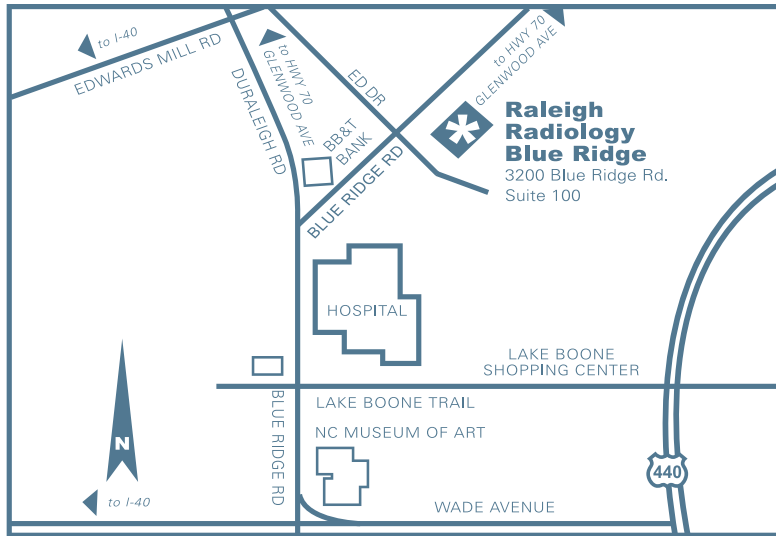
- Uterine Fibroid Embolization
 (Pelvic MRI Required)
- Pelvic Congestion Syndrome
- Other _____

Interventional Oncology

- Y-90(Selective Internal Radiation Therapy)
- Trans-Arterial Chemoembolization
- Thermal Ablations (Microwave And Cryoablation)
(circle one - Lung, Liver or Kidney)
- Port Placement/Removal/Check
- Other _____



Consults are done prior to the procedure (excluding PICC line and Spider Vein Therapy). Please send all pertinent clinical history and related prior imaging studies.

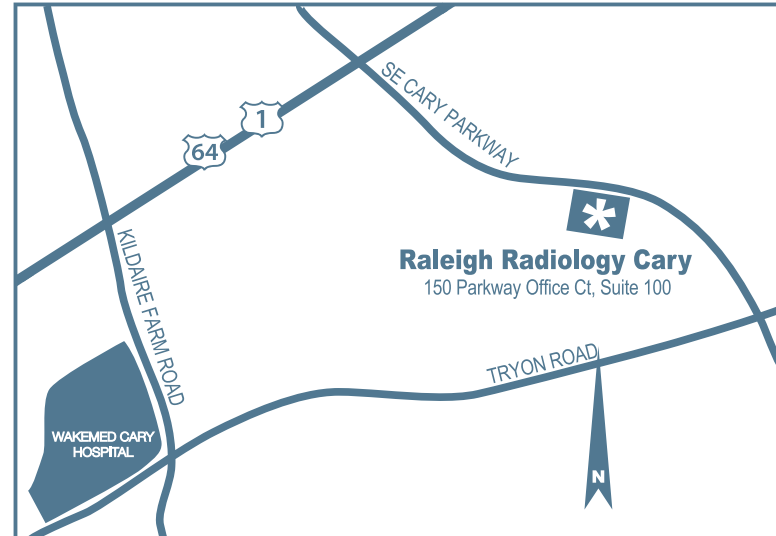


Raleigh Radiology Blue Ridge

3200 Blue Ridge Road, Suite 100, Raleigh, NC 27612
 T 919-787-1389 F 919-256-3577

HOURS

Monday, Tuesday, Thursday, and Friday: 8:00am-5:00pm
 Wednesday: 1:00pm-5:00pm



Raleigh Radiology Cary

150 Parkway Office Court, Suite 100, Cary, NC 27518
 T 919-787-1389 F 919-256-3577

HOURS

Wednesday: 8:00am-12:00pm



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 Adult Medical Imaging