Name

MR#

VCU Health System MCV Hospitals and Physicians Richmond, Virginia 23298

Patient Identification

Invasive Radiology Request

DOB: Pt weight	nt < 300 lbs YES NO	Patient Contact Phone #_	
Procedure/Study to be done wi	th specific location / side of lo	esion:	
Diagnosis/Indication:		ICD-9 Code_	
1. Can patient consent for p	rocedure? YES NO Nex	ct of Kin/Contact#	
2. Medication or Contrast A	llergy: YES NO		
3. Contact Precautions?			
4. Currently taking Anti-c			
5. Does patient have all of	the following lab test results	s (within 30 days): YES	NO
BUN Creatinine _ (Blood work is only needed	Platelets F F F F F F F F F F F F F F F F	PT PTT ion and/or pt taking antico	INR agulant medications)
6. Does patient require any	special accommodations?	YES NO	
(2) if patient(3) lack of tra<i>Referring physician</i>	s are not posted within 24 hour late for scheduled ansport home. Is instructions to patient should an advidual for transport home.	arrival time; or ould include NPO status,	on-time arrival,
Requesting Physician: Printed Name and Signature / Pager		Date	Time
Office/Clinic Contact Person:		Phone #:	
Office/Clinic VM Location: _			
When you have completed the List and Lab Results (v	is form: Fax Completed Requ	est Form, H&P/Clinic Notes	, Current Medication
828-53	926 (Interventional Radiology 570 (Ultrasound and CT -Ches 869 (MSK, CT – abdomen, my	t/Lung))
Contact Phone Numbers:	et Phone Numbers: 828-6986/pager 2599-triage (Interventional Radiology) 828-3180/pager 4550 or 4474 (Ultrasound and CT – Chest/Lung) 828-5045/pager 7877 (Musculoskeletal procedures) 628-4612/pager 2546 (Myelograms/ lumbar punctures) 828-4467/pager 2548 (Virtual colonoscopy/abdomen)		