



Patient Information (Required for Scheduling)

Patient Name: _____ DOB: _____ Sex: M F SS#: XXX-XX-_____
First & Last Name

Patient's Address: _____
Street City State Zip Code

Home Phone #: _____ Mobile Phone #: _____ Email Address: _____

Primary Insurance: _____ Policy #: _____ Group #: _____ Phone #: _____
Plan & Product

Secondary Insurance: _____ Policy #: _____ Group #: _____ Phone #: _____
Plan & Product

Order Information - Endovascular Lab

Diagnosis: _____ ICD-CM Code: _____
 Test/Service: _____ CPT Code: _____

Instructions: Mark through any order not needed. Send to lab first, then to Heart & Vascular Unit.

Patient is scheduled for: Arteriogram Location: N. Decatur Hillandale
 Fistulagram Date & Time of Procedure: _____
 IVC Filter Anesthesia: General MAC Moderate Sedation
 Other: _____

- Diet: NPO after midnight, night before procedure. Patient may take approved home meds with small sip of water.
 NPO now
- Meds: Continue usual PO meds except Coumadin or Glucophage/Metformin (if patient on Coumadin or Heparin, notify ENDO RN at ext. 1095)
- Labs: To be drawn STAT and results in SCM (BUN/Creatinine within last 2 days may be used)
 (PT/PTT/INR within last 30 days may be used)

Labs to be completed day of procedure:

- BUN
- Creatinine
- PT (INR)
- PTT (only if on heparin type drug)
- CBC No Diff
- CBC with Diff
- BMP

Reason for Lab Test:

- Pre-procedural examination
- Pre-procedural lab exam
- Long-term use of: Aspirin _____
 Antiplatelets/Antithrombotics
 Anticoagulants/Coumadin
- Other: Plavix or Pletol

- Infuse IV of 0.45 NaCl at 100 mL/hr, if patient on dialysis, infuse 0.45 NaCl IV at 20mL/hr.
- Diabetics should hold their normal AM insulin dose and stop Metformin/Glucophage immediately. Please instruct patient to hold Metformin/Glucophage for two days following procedure.
- Remove jewelry (patient may wear hearing aids).
- Dress patient in hospital gown.
- Always have patient void prior to coming to Endovascular Suite.
- Clip and prep both groins.
- (If diabetic) Check blood glucose, record. Notify physician if out of normal range.
- Insert foley for female patients and condom catheter for male patients. No foley if the patient is on dialysis.
- Initiate on call to Endovascular Suite. Ancef 2 G IV Ancef 1 G IV Vancomycin 1 G IV No Antibiotic Other: _____
- If patient is allergic to contrast dye, give: Solumedrol 125 mg IV Benadryl 25 mg IV Benadryl 50 mg IV Pepcid 20 mg PO
- Please call Endovascular Department at extension 1095 for any significant medical history, abnormal labs, if patient weights over 350 pounds or for any other questions/concerns.

Referring Physician Information

Physician Name (first & last): _____ NPI#: _____ GA License #: _____
 Physician Address: _____ Phone #: _____ Fax #: _____
 I hereby certify that the services indicated in the above order form are medically necessary.
 Physician Signature: _____ Date: _____ Time: _____