

INTERVENTIONAL RADIOLOGY

Please bring this page to your appointment

IR/VEIN SCHEDULING: (480) 425-4150 IR/VEIN FAX: (480) 657-3491

eSMIL.com

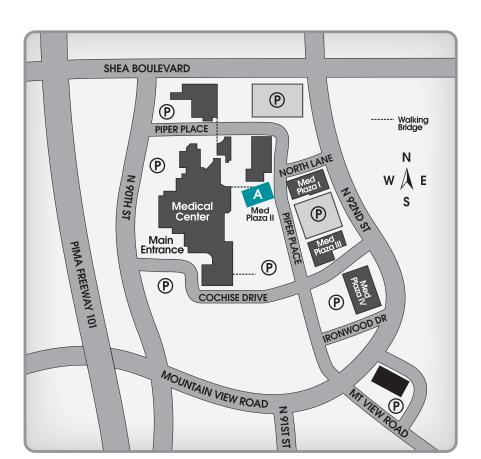
*Indicates Required Fields *Patient Name:		*Today's Date:
*Patient DOB:	*Patient Day Phone / Cell:	
*Referring Provider (Name):		
*Referring Provider (Signature):	CC Pro	vider:
Stat Results via: 🖵 Phone call to:	☐ Fax to:	<u></u>
Creat. Level: Date drawn:	or 🔲 I-STAT - If indicated (Che	ck box)
Insurance Company:	Auth	orization Number:
VERTEBRAL FRACTURES	VASCULAR INTERVENTIONS	GYNECOLOGICAL INTERVENTIONS
VERTEBRAL FRACTURE AUGMENTATION Consult/Treat Thoracic fracture(s) Lumbar fracture(s) Patient must have all 3 of the following to be a candidate: Moderate to severe pain Significant functional impairment Failed trial of conservative treatment INTERVENTIONAL ONCOLOGY RADIOFREQUENCY ABLATION/CRYOABLATION Consult/Treat Liver Liver Liver Significant General Consult/Treat Liver Significant General Consult/Treat Liver Significant General Consult/Treat Liver Significant General Consult/Treat Significant General Cons	AORTO-ILIAC/LOWER EXTREMITY ARTERIAL OCCLUSIVE DISEASE Consult/Treat Hx: RENAL ARTERY STENOSIS Consult/Treat	UTERINE FIBROID EMBOLIZATION Consult/Treat PELVIC CONGESTION SYNDROME Consult/Treat OTHER
	Hx: CAROTID OCCLUSIVE DISEASE □ Consult/Treat Hx:	MALE VARICOCELE EMBOLIZATION Consult/Treat TRANSJUGULAR INTRAHEPATIC
	MESENTERIC ARTERIAL OCCLUSIVE DISEASE Consult/Treat Hx:	PORTOSYSTEMIC SHUNT ☐ Consult/Treat ☐ Other:
	AORTIC ARCH BRANCH STENOSIS ☐ Consult/Treat	THE VEIN CLINIC AT SMIL
TRANSARTERIAL CHEMOEMBOLIZATION Consult/Treat Hepatoma Mets YTTRIUM 90 RADIOEMBOLIZATION Consult/Treat Hepatoma Mets	Hx:	LOWER EXTREMITY VENOUS INSUFFICIENCY Consult/Treat May include the following treatments: Endovenous Ablation Ambulatory Phlebectomy Injection Sclerotherapy Hx:

TO SCHEDULE A PATIENT FOR ANY INTERVENTIONAL OR VEIN CONSULTATION:

Please fax the following information to 480-657-3491:

- This completed order form
- H&P from referring physician (Must be within 30 days)
- Diagnosis code: ________
- Copy of patient's insurance cards
- Copy of imaging reports (unless SMIL)

Please refer to back page for Interventional procedures that are to be scheduled directly through HonorHealth.





SMIL IR/VEIN SCHEDULING: (480) 425-4150 SMIL IR/VEIN FAX: (480) 657-3491

eSMIL.com

THE VEIN CLINIC AND INTERVENTIONAL RADIOLOGY:

NORTH MEDICAL PLAZA II HonorHealth Scottsdale Shea Medical Center 10290 N. 92nd Street Ste. 100 Scottsdale, AZ 85258

INTERVENTIONAL PROCEDURES TO BE SCHEDULED DIRECTLY THROUGH HONORHEALTH

The following procedures are performed by SMIL Vascular and Interventional Radiology Physicians but should be scheduled directly with HonorHealth.

HonorHealth IR Scheduling Phone: 623-580-5800

HonorHealth IR Scheduling Fax: 602-331-5765

BILIARY INTERVENTIONS: Percutaneous Cholangiography, Stone Extraction, and Stent Placement

DIALYSIS GRAFT AND FISTULA INTERVENTIONS

GASTROINTESTINAL FEEDING TUBES

INFERIOR VENA CAVA FILTER PLACEMENT AND REMOVAL

FALLOPIAN TUBE RECANALIZATION

PERCUTANEOUS ABSCESS DRAINAGE

PERCUTANEOUS IMAGE-GUIDED BIOPSY

COMPREHENSIVE VENOUS ACCESS SERVICE, INCLUDING: PICC, Chest Port, and Dialysis Catheters

UROLOGIC INTERVENTIONS: Percutaneous Antegrade Pyelography, Nephrostomy Tube Placement, Ureteral Stent Placement

GASTROINTESTINAL BLEEDING INTERVENTIONS: Embolization, Infusion Therapies

THORACENTESIS

PARACENTESIS