

Fluoroscopy Diagnostic Imaging Order Form

**Please refer to the electronic copy for the latest version.*

Referred to Location	Order Fax Number	To Schedule Appointments, Call:
Asante Rogue Regional Medical Center	Routine: 541-789-7170 STAT/ASAP: 541-789-6180 All IR, MSK, and X-Rays: 541-789-7153	541-789-4322 All IR: 541-789-7173
Asante Ashland Community Hospital	541-488-5385	541-201-4380 All IR: 541-201-4378
Asante Three Rivers Medical Center	541-472-7067	541-472-7140

Order Priority	Definition
Routine	A diagnostic or therapeutic procedure that can be scheduled next available.
STAT (24 Hours)	Referring to a diagnostic or therapeutic procedure that is to be performed immediately.
ASAP (7 Days)	As soon as possible, a level of urgency less urgent than 'STAT.'

Patient Information

Order Date (today's date):

Due By Date (if applicable):

Name:

Date of Birth:

Contact telephone number:

Symptoms/Reason for Study:

ICD-10 Code(s):

Insurance:

Pre-Authorization Number:

Height:

Weight:

Patient mobility status:

Walker Wheelchair Lift

Does the patient have a glucose monitor?

Yes No

If yes, must be removed prior to appointment with radiation

Are interpreter services needed?

Yes No

Ordering Provider Name:

Ordering Provider Signature:

Secondary Provider Name:

Please attach **H&P** and Chart Notes.



<p>Fluoroscopy</p>	<p>Arthrogram - specify joint/s: Arthrocentesis/Joint Injection - specify the joint/s and the medications to inject:</p> <p>Barium Enema</p> <p><input type="radio"/> With Air Contrast <input type="radio"/> Colostomy / Ileostomy</p> <p>Cystogram</p> <p>Defecography</p> <p>Esophagram</p> <p>HSG (Hysterosalpingogram)</p> <p>Lumbar Puncture</p> <p><input type="radio"/> Therapeutic</p> <p><input type="radio"/> Diagnostic</p> <p>(specify labs for CSF with Diagnostic and include CSF collection quantity)</p> <p>Modified Barium Swallow (Video Swallowing)</p> <p>Myelogram (select all that apply)</p> <p> Cervical</p> <p> Thoracic</p> <p> Lumbar</p> <p>Port Dye Study</p> <p>Small Bowel Follow-Through</p> <p>Upper GI</p> <p>VCUG</p> <p>Other (specify)</p>	<p>NOTE: When an ordering an invasive procedure, labs may be required. Please reference the following documents: Click here for Hyperlink to MRG form</p> <p>NOTE: If ordering an HSG please include an order for a STAT Urine Pregnancy Test. The patient must complete the test two hours before their HSG appointment.</p> <p>NOTE: If ordering a Myelogram please include a CT order.</p> <p>NOTE: If ordering an Arthrogram please include either a CT or MRI order (if needed).</p> <p>NOTE: When ordering a Diagnostic Lumbar Puncture with MS panel, blood must be drawn to pair with fluid at the time of the procedure.</p> <p>NOTE: Defecography is only preformed at Three Rivers. MRI is preferred the preferred method.</p> <p>NOTE: If ordering any of the following: Modified Barium Swallow (Video Swallowing Study) please include an order for SCREENING SARS-CoV-2/ASYMPTOMATIC UNEXPOSED (Not at Three Rivers).</p>
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PATIENT LABEL