

# St Vincents / Optimal Downtime IR Procedure Requisition

Patient Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ Room: \_\_\_\_\_ MMI: \_\_\_\_\_

Procedure: \_\_\_\_\_ Priority: \_\_\_\_\_

Indication: \_\_\_\_\_ Routine STAT

Desired Procedure Date: \_\_\_\_\_

*If applicable:* Right Left Larger Side Therapeutic Only Diagnostic (and Therapeutic)

Allergies: \_\_\_\_\_

*Complete the following section. Missing information will result in delay of procedure. For procedure requirements, go to svrads.com then click References (top right) then click IR Procedures Pre Instructions then click pertinent procedure link for specifics.*

Platelets: \_\_\_\_\_ INR: \_\_\_\_\_ PTT: \_\_\_\_\_ GFR: \_\_\_\_\_

Blood thinners: \_\_\_\_\_

Is the patient NPO? yes no *Patient may not need to be NPO.* Is patient consentable? yes no

Contact person name/number if patient isn't consentable: \_\_\_\_\_

Clinician Signature

Printed Name

Date/Time

PAS

*Call to notify IR staff and fax this form to the following: 308-8147 (phone) / 308-2001 (fax) for Riverside, 296-5667 (phone) / 296-3809 (fax) for Southside, 602-1360 (phone) / 602-2707 (fax) for Clay and 691-1297 (phone) / 691-9772 (fax) for St. Johns. For drop off of paper order: take to Radiology Front Desk for Riverside & Southside and Reading Rooms for Clay & St. Johns.*

*Radiology Use Only:*

Clinical History: \_\_\_\_\_

Technologist Initials: \_\_\_\_\_ Date/Time Completed: \_\_\_\_\_

Side/Site: \_\_\_\_\_ Lidocaine (mL): \_\_\_\_\_ Fluid Color: \_\_\_\_\_

Fluid Off (mL): \_\_\_\_\_ Fluid to Lab (mL): \_\_\_\_\_ Albumin (gm): \_\_\_\_\_