

**PATIENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_  
*Required* *first name* *middle initial* *last name* *Required* *Required*

**REFERRING PHYSICIAN:** \_\_\_\_\_ **DAY PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_  
*Required* *Required*

**CLINIC BACK LINE PHONE:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_  
*Required*

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **PROVIDER ID:** \_\_\_\_\_  
*Required*

**INDICATION:** \_\_\_\_\_ **LOCATION ON BODY:** \_\_\_\_\_  
*Required*

**SPECIAL REQUESTS/INSTRUCTIONS:** \_\_\_\_\_

**Abscess** - Aspiration Drain placement Drain check

**Biopsy** - *Choose type of biopsy below*

**Abdomen/Pelvis**

Bone Lesion

Bone Marrow

**Kidney - Type:** Native Transplant Mass

**Liver - Type:** Nodule Random Transjugular

**Lung - Laterality:** Left Right

**Lymph Node - Location:** Axillary Cervical Inguinal Mesenteric  
 Retroperitoneal Supraclavicular Other: \_\_\_\_\_

**Laterality:** Left Right Not Applicable

**Type:** Core FNA Per Interventional Radiologist

**Spine - Disc Vertebrae Spine Level** \_\_\_\_\_

**Thyroid - Laterality:** Left Right Bilateral

**Other** \_\_\_\_\_

**Line Port**

**Type:** Non-Tunneled Tunneled PICC Other: \_\_\_\_\_

**Placement**

**Laterality:** Left Right Per Interventional Radiologist

**Line Indication:** Apheresis Dialysis Medications TPN  
 Vascular Access Other: \_\_\_\_\_

**Port Indication:** Apheresis Chemotherapy IV Infusions Other: \_\_\_\_\_

**Apheresis Port Type:** Bard Powerflow Vortex Port Other: \_\_\_\_\_

**Removal - Reason:** Treatment Complete Infected Other: \_\_\_\_\_

**Check - Reason:** Unable to Aspirate Unable to Flush Other: \_\_\_\_\_

**Has Cathflo been attempted?** Yes No

**Replace if necessary?** Yes No

**Indication if replacement necessary:** Apheresis Chemotherapy  
 IV Infusions Other: \_\_\_\_\_

**Indication Apheresis replacement - Port Type:** Bard Powerflow Vortex Port  
 Other: \_\_\_\_\_

**Location:** Left Right Per Interventional Radiologist

**Paracentesis Thoracentesis**

**Type:** Diagnostic Therapeutic Diagnostic/Therapeutic

**Indication:** Infection Malignancy Other: \_\_\_\_\_

**Thoracentesis Location:** Left Right Per Interventional Radiologist

**Frequency for Therapeutic:** Once Weekly Every other week Monthly  
 Other: \_\_\_\_\_

**Paracentesis therapeutic max mL to drain:** \_\_\_\_\_

**Tube** - *Choose type of tube below*

**Chest Tube**

**Action:** Placement Removal

**Location:** Left Right Specifics: \_\_\_\_\_

**Indication for placement:** Pneumothorax Pleural Effusion Empyema

**Feeding Tube**

**Placement Removal Check/Replace**

**Tube Type:** G-Tube G-J Tube J-Tube Other: \_\_\_\_\_

**Indication for placement or replacement:** Feeding Decompression

**Other:** \_\_\_\_\_

**Indication for check:** Leaking Clogged Other: \_\_\_\_\_

**Nephrostomy**

**Location:** Left Right Transplant

**Biliary**

**Cholecystostomy/Gallbladder**

**PleurX**

**Location:** Abdomen Chest/Pleural Other: \_\_\_\_\_

**Location:** Left Right

**Other Tube Type:** \_\_\_\_\_

**Vascular** - *Choose type below*

**Arterial Venous AV Fistula/Graft**

**TIPS - New Revision**

**BRTO**

**IVC Filter - Placement Removal Other:** \_\_\_\_\_

**Procedure Not Specified** - *Indicate request above in special requests/instructions*

**Labs with IR Procedure**

**Body fluid:** Albumin Cell count with differential Creatinine  
 Culture, Bactec bottle Glucose Lactate dehydrogenase pH Protein Triglycerides

**Culture/Micro:** Acid-fast bacilli culture with smear AFB stain and modified AFB stain  
 Aerobic culture Anaerobic with aerobic culture Catheter tip Fungus culture  
 Gram Stain Tissue culture

**Pathology/Cytology:** Cytology examination nongenital Cytology silver stain (fungus)  
 Pathology examination, surgical

**Flow Cytometry:** Cell markers lymphoma, other

**Other:** \_\_\_\_\_

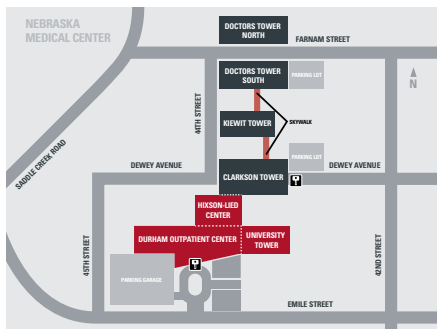
**Specimen Source:** \_\_\_\_\_

**Additional Info:** \_\_\_\_\_

**Is patient immunocompromised?** Yes No

	MRI 1.5T	MRI 3T	PET-CT	CT	US	X-RAY	MAMMO 3D	DEXA	NUC MED	FLURO	IR SUITE
Hixson-Lied Center	●	●		●							●
University Tower			●		●	●		●	●	●	
Olson Center for Women's Health (Durham Outpatient Center)					●		●	●			
Village Pointe Health Center	●			●	●	●	●	●			
Lauritzen Outpatient Center		●		●	●	●				●	
Fred & Pamela Buffett Cancer Center	●	●		●	●	●				●	
Bellevue Medical Center	●			●	●	●	●	●	●	●	●

## Locations



### Nebraska Medical Center

42nd St. and Dewey Avenue  
402.559.2500

University Tower  
4400 Emile St.  
402.559.2500

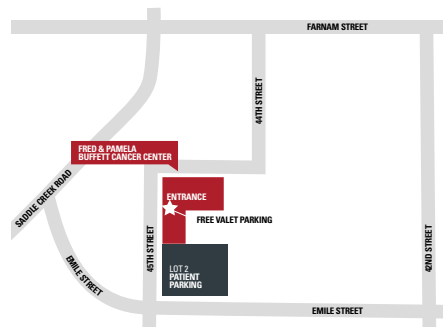
Durham Outpatient Center Entrance  
 Free Valet Parking\*

Durham Outpatient Center  
4400 Emile St.  
402.559.2500 or 402.559.4500

Durham Outpatient Center Entrance  
 Free Valet Parking\*

Hixson-Lied Center  
402.559.2500

Durham Outpatient Center or  
Clarkson Tower Entrance  
 Free Valet Parking\*



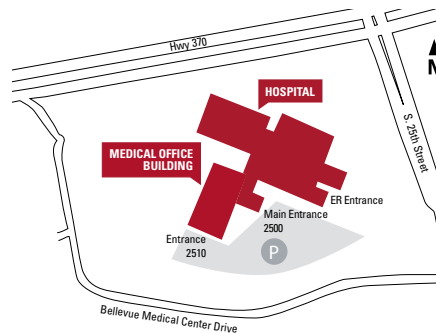
### Fred & Pamela Buffett Cancer Center – Nebraska Medical Center

505 S. 45th St. | Omaha, NE 68105  
402.559.1900 *same day*



### Village Pointe Health Center

111 N. 175th St. | Omaha, NE 68118  
402.596.3180 *same day*



### Bellevue Medical Center

2500 Bellevue Medical Center Drive  
Bellevue, NE 68123  
402.763.3400, option 1



### Lauritzen Outpatient Center

4014 Leavenworth St. | Omaha, NE 68105  
402.559.0769 *same day*

\* No tipping necessary for valet parking.

## APPOINTMENT INFORMATION

Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ AM/PM Location: \_\_\_\_\_