IR/Centralized Scheduling STAFF ONLY

Outside Images and Reports: Yes No H&P Received: Yes No CPT Code: _____ IR Initials & Date:_____

IR Approved Procedure and/or Notes:

_____

Interventional Radiology Procedure Order Form

Please Fax Order To: Centralized Scheduling #432-221-4926

Patient Name: _____ D.O.B:_____ Patient Weight: _____ Patient Phone : _____

Procedure Requested (Must include location and laterality, example: Left Thyroid Nodule Biopsy):

_____Diagnosis: _____ICD10#: _____

Labs Needed: ☐ CBC ☐ Coags ☐ CMP ☐ Pathology ☐ Cultures Other _____

Preauthorization Required ☐ Yes ☐ No ☐ No – Medicare Patient

If Yes, Scheduling Team will Call Back with the approved Procedure for Your Office to Obtain the Preauthorization

If NO Preauthorization Required Reference: _____ ***Please Send Copy of reference***

Provider Name (Printed): _____ Provider Signature: _____
Date Signed: _____ Time Signed: _____ Direct Phone # : _____ Office Contact: _____

Please send H&P, demographics sheet, copy of insurance information & preauthorization, and the patient's medication list.

Patient Medical Information (Please fill this out entirely)

History of Cancer: ☐ Yes ☐ No If Yes, what type? _____ Date of Diagnosis: _____ Last Treatment: _____

Is the Patient on Blood Thinners? ☐ Yes ☐ No Blood Thinner Medication: _____

Has the Patient had PLTS, PT, INR, and PTT Drawn Within the Last 30 days? ☐ Yes ☐ No (***If Yes, Please Send Results)***

Is the Patient Able to Sign a Consent Form? ☐ Yes ☐ No If No, Patient's Representative Information:

Representative Name: _____ Phone : _____

Does the Patient Have Imaging Studies Outside of Midland Health? ☐ Yes ☐ No Where: _____

****Please send Outside Imaging Records to: Midland Health – Attn: Interventional Radiology Dept. 400 Rosalind Redfern Grover Parkway Midland, Texas 79701**

(Patient Label)

Patient Name:
Patient DOB:
MR #:
Acct #:

Interventional Radiology Procedure Order Form
Radiology Department

Effective Date: 03/12/2025
Last Review Date: 03/12/2025
Scan to: Physician Order

IRPOFRD