



PROCEDURAL INTERVENTIONAL RADIOLOGY Consult/Order Form

IR Scheduling Office
Phone: 845-333-7900 ext 1
Fax: 845-333-9009

Patient Information

NAME Remey, Alicia DOB: 04/25/1960 Gender: ☐ Male ☒ Female
Last First MI

Phone: Preferred # _____ Alternate # _____

Email Address: Remey3@yahoo.com Preferred Language English

Insurance Company: BC BS Blue Card Program Pre-Certification Number: _____

Home Care Referral: ☐ Yes ☒ No if yes, name of agency: _____

Procedure requested: FNA w/ Ultrasound guidance NECK ☒ Left ☐ Right ☐ Bilateral

Diagnosis/Indication: Golter E04.9. Benign neoplasm of major salivary gland, unspecified D11.9

Isolation Precautions: _____

Needed Prior to making appointment ☐ IR Form ☐ Labs (within 30 days) ☐ Films Sent (Mailed or through VPN)

Invasive Procedure - Physician Orders History and Physical

Present Illness: _____ Date: _____

Allergies: _____

Medications/Dosage: _____

Anticoagulants: _____

Past Surgery: _____

Past Medical History: _____

| Physical Exam: | Height | Weight | Temp | Pulse | R | BP | / |
|-----------------|--------|--------|----------|-------|---|----|----------------------------------|
| | Normal | | Abnormal | | | | Describe Abnormal Findings Below |
| HEENT | | | | | | | |
| Breast | | | | | | | |
| Cardiovascular | | | | | | | |
| Heart/Lungs | | | | | | | |
| Abdomen | | | | | | | |
| Genitals | | | | | | | |
| Musculoskeletal | | | | | | | |
| Neurologic | | | | | | | |
| Psychosocial | | | | | | | |
| Plan | | | | | | | |

Required Information (please print clearly)

Form completed by: Adriana Kalafut

Office Phone: 845-467-6998

Physician Name: Berger Kayman, DO

Time: 9:50 AM Date: February 17, 2020

Signature: _____

Office Fax: 845-692-0075

Physician Signature: Berger Kayman DO

THIS SECTION TO BE COMPLETED BY ORMC CLINICAL QUEUE NURSE

Minimal Procedure Risk: M1 M2 M3 M4 M5 Consults needed ☐ PST ☐ Hospitalist ☐ Other: ☒

RN Signature/Printed Name: _____ Date: 1/1 Time: _____

THIS SECTION TO BE COMPLETED BY ORMC SCHEDULING: PST Date: 1/1 Time: _____

