

**THE UNIVERSITY
OF KANSAS HOSPITAL**
3901 Rainbow Boulevard
Kansas City, Kansas 66160
Interventional Radiology
**REFERRAL REQUEST/OUTPATIENT
ORDER**

Do not write in this box



Name: _____
DOB: _____
MR#: _____

Patient Phone: _____ Alternate Patient Phone: _____

Referring Provider Information:

Ordering Physician: _____ Phone/Pager: _____ NPI: _____

Physician Signature (Required): _____ **Date:** _____ **Time:** _____

Clinic RN _____ Fax: _____

Clinic RN e-mail: _____ Phone: _____

Reason for Referral/Order:

Service Requested:

Procedure Consult only Consult & Treat 2nd Opinion

Does the patient need an interpreter: yes no Type: _____ Is the patient able to sign consent: yes no

Is the patient coming from a nursing facility: yes no

Procedure Requested: _____

Diagnosis: _____ ICD-9: _____

IR Physician requested _____ No Preference

Date Requested: _____ Location: Main ICC No Preference

Reason for Referral: _____

Pathology/ Cytology Test Requested:

Routine Specimen for diagnosis Flow cytometry Cytogenetic Culture Cytology Other _____
 Molecular Test KRAS ALK-FISH BRAF PCR BRAF Melanoma Surgical Pathology EGFR

Lab Fluid Testing:

PH Culture and Sensitivity Gram stain Albumin Cell Count Anaerobic Aerobic Cell Block Cytology
 Other _____ Catheter Tip Culture

Appointment Date Requested: _____ Location: Main Campus Indian Creek Campus No Preference

Recent Labs:
Cr _____
Plt _____
INR _____
PTT _____
WBC _____
Hct _____
Bili _____
Hem _____

Date: _____

*****Documentation Required (please fax with this form):*****

Patient Information (Please provide copy of patient demographics/face sheet)

Recent/relevant typed clinical notes/test results, i.e. History & Physical, MRI/CT/X-rays results

Imaging Location: PACS Other: _____

Fax to: 913-588-8376 # of Pages Faxed _____ Date faxed: _____ Fax Contact: _____

IR Scheduler's Phone: 913-588-1030 Same Day Add-On's RN Pager: 913-917-3729

IR USE ONLY

Scheduled Appointment Date and Time: _____ Location: ICC Main Campus

Comments: _____

Reviewed by: _____ Date: _____

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