Patient Phone: ___________________________________________ Alternate Patient Phone: ________________

Referring Provider Information:
Clinic RN: ___________________________________________ Fax: ____________________________
Clinic RN E-mail: _____________________________________ Phone: ____________________________
Ordering Physician: ___________________________ Pager/Phone: ___________________________ NIP: ____________________________

Physician Signature (Required): ___________________________ Date: ___________ Time: ___________

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: ☐ Yes ☐ No

Is the patient coming from a nursing facility ☐ Yes ☐ No

Procedure Requested (Required):

Diagnosis: ___________________________________________ ICD-10: ____________________________

Reason for Referral: ___________________________________________

Pathology/Cytology Test Requested (Required, if applicable for order):
☐ Flow Cytometry ☐ Cytogenetic ☐ Culture ☐ Cytology ☐ Other: ____________________________

☐ Molecular Test ☐ KRAS ☐ ALK-FISH ☐ BRAF PAR ☐ BRAF Melanoma ☐ Surgical Pathology ☐ EGFR

Lab Fluid Testing (Required, if applicable for order):
☐ PH ☐ Culture and Sensitivity ☐ Gram Stain ☐ Albumin ☐ Cell Count ☐ Anaerobic ☐ Aerobic ☐ Cell Block ☐ Cytology

☐ Catheter Tip Culture ☐ Other: ____________________________

**********Documentation listed below is required to be faxed with this order form**********

☐ Patient information (copy of patient demographics/face sheet)

☐ Recent/relevant History and Physical, MRI/CT/X-Ray results

☐ Recent/relevant imaging location: ☐ PACS ☐ Other: ____________________________

☐ Recent/relevant lab results (less than 30 days old)

IR Use Only:
Appointment Date and Time: ____________________________

Location: ☐ ICC ☐ Bell ☐ Cambridge

Comments: ___________________________________________ Date: ____________________________

Reviewed by: ___________________________ Date: ____________________________

Fax 913-588-8376 IR Scheduling Phone 913-588-1030
# of Pages Faxed_________ Date Fax: ___________