Northeast Georgia Medical Center

Checklist for Interventional Radiology / CT / Ultrasound Procedures

Please complete for all radiologic procedures and fax this sheet to Radiology Scheduling at **770-219-1727.**

NOTE: If any information is missing 48 hours prior to procedure, it will be rescheduled.

PATIENT NAME: _____ DOB: _____

- ☐ Phone number where your on-call physician can be reached before offices opens (if any questions or issues on day of procedure): _____

- ☐ Order – please fax to **770-219-1727.**

- ☐ H&P—if within 30days, please fax to **770-219-1727**. Any other physicians that might have H&P?
  Name: _____ Phone # if avail: _____

- ☐ What facility has prior films or studies? _____

- ☐ Correct organ needing procedure: _____

- ☐ Side: (Left/Right/Bilateral): _____

- ☐ If spinal injection, which level? _____

- ☐ If for fluid drainage, does patient have standing order? Yes / No If not, is it for **Diagnostic** or **Therapeutic** purposes? _____ If for **Diagnostic**, what labs need to be done? _____
  _____

- ☐ If renal core biopsy being sent to Mayo Clinic, have nephrologist fill out Mayo form and fax to **770-219-7583.**

- ☐ Is patient able to consent? Yes / No
  If not, was family notified to come with patient on day or procedure? Yes / No

- ☐ Patient Education: Review Patient Education sheet with patient "What you need to know for your Radiology Procedure at Northeast Georgia Medical Center."

We appreciate all your efforts to get this information for us to help prevent delays once your patient arrives. Thank you.