GEORGIAN RADIOLOGY CONSULTANTS

Office Tel: (705) 722-8036
Booking Tel: (705) 726-7442

VASCULAR AND INTERVENTIONAL THERAPIES (VIT)

Endovascular and Interventional Radiology Request Form

Georgian Radiology Consultants: Little Lake Health Ctr,
11 Lakeside Terrace, Suite LL01, Barrie ON, L4M 0H9

BOOKING FAX: (705) 726-8056 GeorgianVIT.com

DOCTOR INFORMATION

Referring Practitioner: _____
(Printed)
Address: _____

Tel: _____ Fax: _____

City: _____ Postal Code: _____

Signature: _____ Date: _____

PATIENT INFORMATION

Name: _____

HRN: _____ PHIN: _____

Date of Birth: _____ / _____ / _____
(Day/Month/Year)

Tel: _____

HISTORY

Questions to answer: (Please attach dictated summary)

Allergies: NKA Contrast Other: _____

AntiPlatelet: ASA Plavix
Other: _____

AntiCoagIn: Xarelto (Rivaroxaban) Coumadin
Eliquis (Apixaban) Pradaxa
Other: _____

CARDIOVASCULAR RISK ASSESSMENT

- ☐ AAA Screen
- ☐ Abdominal & Pelvic Arteries
- ☐ Carotid Arteries
- ☐ Renal Arteries
- ☐ Lower Extremity Arteries / Claudication
- ☐ Upper Extremity Arteries / Raynaud's

ENDOVASCULAR THERAPY

ARTERIAL:

- ☐ Claudication or Ischemia
- ☐ Aneurysm ☐ AAA ☐ Pelvic ☐ Visceral
- ☐ Hypertension ☐ Renal
- ☐ Carotid ☐ TIA or CVA
- ☐ Emobilizations ☐ Uterine Fibroids ☐ Visceral
- ☐ Other: _____

VENOUS:

- ☐ DVT ☐ Reflux
- ☐ Varicose Veins ☐ Spider Veins ☐ EVLT
- ☐ Gonadal Veins ☐ Varicoceles
- ☐ IVC Filter Insertion
- ☐ Thrombolysis
  Other: _____

INTERVENTIONAL:

- ☐ Tissue Biopsy
  Organ: _____
- ☐ Vertebroplasty
- ☐ Other: _____

VIT USE ONLY

- ☐ Laboratory Data: ☐ INR ☐ PTT ☐ Platelets ☐ CRP ☐ Cr ☐ 2 Weeks Prior ☐ Day of ☐ None Required
- ☐ Moderate Sedation: ☐ Yes ☐ No
- ☐ VIT Recovery Bed: ☐ Yes ☐ No
- ☐ Ancillary Test: ☐ US ☐ CT ☐ MR ☐ BS-SPECT ☐ US Doppler ☐ CTA ☐ MRA
- ☐ VIT Consult: ☐ Yes ☐ No
- ☐ VIT RAD: ☐ CG ☐ DS ☐ MB ☐ NL ☐ MS ☐ RM ☐ KM

VIT ANTIPLAT/COAG DIRECTIVES (TIME TO STOP)

VIT Coding: (1) (2) (3) (4)

Medication:	***Major***	***Minor***
Warfarin or Pradaxa	5 Days	5 Days
Plavix (Save Angio-none)	5 Days	5 Days
LMWH or Fragmin	6 Hours	6 Hours
Eliquis (Apixaban)	2 Days	None
Xarelto (Rivaroxaban)	1 Day	1 Day

Other: _____

Time of appointment: _____ ***Date of appointment:*** _____