



Western Maryland Health System
Department of Imaging Examination Order Form

Interventional Scheduling # 240-964-3735

Please call to schedule your appointment as soon as possible.

Appointment Date: _____ Time: _____ AM/PM

Location: **Regional Medical Center**
12500 Willowbrook Road

Please check in on the 3rd Floor of the Hospital

PATIENT NAME:

DOB/AGE:

DAYTIME #

Indication for Procedure:

EVENING#

[] **JSTAT** [] Routine

Physicians Signature:

Date

INTERVENTIONAL RADIOLOGY ORDERS

- 75625 Abdominal Aortogram
- 75716 Arteriography, Bilat Extremity
- 75710 Arteriography, Uni Extremity
- 75790 AV Dialysis Shunt
- 75671 Carotid, Cerebral Bilat
- 75680 Carotid, Cervical Bilat
- 75650 Cervicocerebral Arch
- 99241 Initial Patient Consult w/IVR

- 75960 Intravascular Stent, Perc., initial
- 75940 IVC Filter
- 76000 Nontunneled cath/PICC fluoro guided
- 76000 Peritoneal Dialysis Catheter Placement
- 75966 PTA, Renal or Visceral Artery
- 75724 Renal, Bilat (w/ or w/o flush)
- 75722 Renal, Uni (w/ or w/o flush)
- Biopsy Biopsy, Specify Site

L R

Other Non-Listed Procedure

please write in your request