



AMH Interventional Radiology Scheduling Request
PLEASE FAX BACK TO 215.481.4653
Please fill in all requested information to reduce the
need for additional phone calls. Questions?
215.481.2071

Patient Name			
Address			
Telephone	()	DOB	/ /
Insurance			

Procedure	
Reason for Proc.	

Date of Procedure	<input type="checkbox"/> Next Avail <input type="checkbox"/> / /	Time of Proc/Admit		IP/OP/SPU	
Requesting Phys	Name and Office Tel. No.:				
Primary Phys	<input type="checkbox"/> NONE / Same				

Clinical Info			
Allergy to Contrast	<input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: <input type="checkbox"/> Medrol Prep Prescribed (call 2071 for help)	Glucophage	<input type="checkbox"/> No <input type="checkbox"/> Yes

Today's Date		Spoke with Scheduler	<input type="checkbox"/> No <input type="checkbox"/> Yes, Name
Your Name and Telephone Number			

FOR I/R Office Use Only:

	N/A	Ordered/Pending	Completed/Location	Comment
Letter/H&P/Info				
Labs				
Preadmit Orders				
Prior Studies			<input type="checkbox"/> In PACS <input type="checkbox"/> Other	
Info/Pamphlet Sent				
Referral				
Precert Number				