SMIL
SOUTHWEST MEDICAL IMAGING
AFFILIATED WITH RADIOLOGY PARTNERS

INTERVENTIONAL RADIOLOGY

Please bring this page to your appointment

IR/VEIN SCHEDULING: (480) 425-4150
IR/VEIN FAX: (480) 657-3491
eSMIL.com

***Indicates Required Fields** ***Patient Name:** ______________________ ***Today's Date:** ______________

***Patient DOB:** ______________ ***Patient Day Phone / Cell:** ______________

***Referring Provider (Name):** ______________________

***Referring Provider (Signature):** ______________________ CC Provider: ______________

Stat Results via: ❑ Phone call to: ______________ ❑ Fax to: ______________

Creat. Level: __________ Date drawn: __________ or ❑ I-STAT – If indicated (Check box)

Insurance Company: ______________________ Authorization Number: ______________

***Clinical HX/DX and Special Instructions:** ______________________

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FOR AUTHORIZATION SUPPORT
Copy front and back of insurance card and fax appropriate physician notes

VERTEBRAL FRACTURES

VERTEBRAL FRACTURE AUGMENTATION

- ❑ Consult/Treat
- ❑ Thoracic fracture(s)
- ❑ Lumbar fracture(s)

Patient must have all 3 of the following to be a candidate:

- ❑ Moderate to severe pain
- ❑ Significant functional impairment
- ❑ Failed trial of conservative treatment

INTERVENTIONAL ONCOLOGY

RADIOFREQUENCY ABLATION/CRYOABLATION

- ❑ Consult/Treat
- ❑ Liver ❑ Lung
- ❑ Kidney ❑ Bone
- ❑ Other: ______________

TRANSARTERIAL CHEMOEMBOLIZATION

- ❑ Consult/Treat
- ❑ Hepatoma
- ❑ Mets ______________

YTTRIUM 90 RADIOEMBOLIZATION

- ❑ Consult/Treat
- ❑ Hepatoma
- ❑ Mets ______________

VASCULAR INTERVENTIONS

AORTO-ILIAC/LOWER EXTREMITY ARTERIAL OCCLUSIVE DISEASE

❑ Consult/Treat

Hx: ______________

RENAL ARTERY STENOSIS

❑ Consult/Treat

Hx: ______________

CAROTID OCCLUSIVE DISEASE

❑ Consult/Treat

Hx: ______________

MESENTERIC ARTERIAL OCCLUSIVE DISEASE

❑ Consult/Treat

Hx: ______________

AORTIC ARCH BRANCH STENOSIS

❑ Consult/Treat

Hx: ______________

ABDOMINAL AORTIC ANEURYSM

❑ Consult/Treat

Hx: ______________

THORACIC AORTIC ANEURYSM

❑ Consult/Treat

Hx: ______________

DEEP VEIN THROMBOSIS/VENOUS THROMBOLYSIS

❑ Consult/Treat

Hx: ______________

OTHER:

____

____

GYNECOLOGICAL INTERVENTIONS

UTERINE FIBROID EMBOLIZATION

❑ Consult/Treat

PELVIC CONGESTION SYNDROME

❑ Consult/Treat

OTHER

MALE VARICOCELE EMBOLIZATION

❑ Consult/Treat

TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC SHUNT

- ❑ Consult/Treat
- ❑ Other: ______________

THE VEIN CLINIC AT SMIL

LOWER EXTREMITY VENOUS INSUFFICIENCY

❑ Consult/Treat

May include the following treatments:

- Endovenous Ablation
- Ambulatory Phlebectomy
- Injection Sclerotherapy

Hx: ______________

____

TO SCHEDULE A PATIENT FOR ANY INTERVENTIONAL OR VEIN CONSULTATION:

Please fax the following information to 480-657-3491:

- This completed order form
- H&P from referring physician (Must be within 30 days)
- Diagnosis code: ______________
- Copy of patient's insurance cards
- Copy of imaging reports (unless SMIL)

Please refer to back page for Interventional procedures that are to be scheduled directly through HonorHealth.

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eSMIL.com

A THE VEIN CLINIC AND INTERVENTIONAL RADIOLOGY:
NORTH MEDICAL PLAZA II
HonorHealth Scottsdale Shea Medical Center
10290 N. 92nd Street
Ste. 100
Scottsdale, AZ 85258

INTERVENTIONAL PROCEDURES TO BE SCHEDULED DIRECTLY THROUGH HONORHEALTH

The following procedures are performed by SMIL Vascular and Interventional Radiology Physicians but should be scheduled directly with HonorHealth.

HonorHealth IR Scheduling Phone: 623-580-5800	HonorHealth IR Scheduling Fax: 602-331-5765

BILIARY INTERVENTIONS: Percutaneous Cholangiography, Stone Extraction, and Stent Placement

DIALYSIS GRAFT AND FISTULA INTERVENTIONS

GASTROINTESTINAL FEEDING TUBES

INFERIOR VENA CAVA FILTER PLACEMENT AND REMOVAL

FALLOPIAN TUBE RECANALIZATION

PERCUTANEOUS ABSCESS DRAINAGE

PERCUTANEOUS IMAGE-GUIDED BIOPSY

COMPREHENSIVE VENOUS ACCESS SERVICE, INCLUDING: PICC, Chest Port, and Dialysis Catheters

UROLOGIC INTERVENTIONS: Percutaneous Antegrade Pyelography, Nephrostomy Tube Placement, Ureteral Stent Placement

GASTROINTESTINAL BLEEDING INTERVENTIONS: Embolization, Infusion Therapies

THORACENTESIS

PARACENTESIS