



Interventional Medicine

1600 Phillips Road
Tallahassee, Florida 32308

Phone # 850-216-3627 (Direct Nurse Line)
IM Fax # 850-216-3645

Main Facility # 850-878-4127

Procedural Order Form

Patient Name: _____

Phone #: Home / Cell: _____ **Work:** _____

Date of Birth: _____ **Referring Physician:** _____

ICD-9 Codes: _____ **Insurance:** _____

Please Check the Procedure Requested Below:

Myelogram*

- CT Myelogram Cervical Thoracic Lumbar Lumbar Puncture
- Perform INR/PT (if patient is taking Coumadin/Warfarin)

Biopsies*

- Thyroid Cyst Aspiration
- Thyroid Nodule Biopsy w/ FNA Right Left Isthmus Bilateral
- Lymph Node Biopsy Location: _____
- Soft Tissue Biopsy Location: _____
- Salivary/Parotid Gland Biopsy Right Left

Paracentesis*

- Paracentesis (less than 5 liters)

PICC Line*

- PICC Line Placement Dressing Change PICC Removal
- PICC Line will be used for:
- Hydration Chemotherapy/Vesicants TPN Vancomycin CT Contrast Study

Other Requested Procedure: _____

Physician Signature: _____

* *Perform INR on this patient taking coumadin (warfarin).*

Please send any pertinent history, lab values, prior imaging reports/images. H&P is required on Myelograms and Lumbar Punctures.