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Vascular Interventional Radiology

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AUTHORIZATION SUPPORT

Dragha LLC TAX ID 81-0644541

- Copy front and back of insurance
- Fax appropriate physician notes

FAX AUTHORIZATION to 480-590-2479

Appointment Scheduling:

(480) 750-8130

Time: _____ Date: _____

IYA Med Email: scheduling@iyamedical.com ● Main: (480) 750-8130 ● Mobile: (480) 543-0300 ● Fax: (480) 590-2479

PATIENT NAME: _____ DOB: _____ DATE: _____

PHONE: _____ INSURANCE: _____ INS. AUTH: _____ LIEN

CLINICAL HX/DX: _____ GFR/CR: Y N DATE: _____

HEALTHCARE PROVIDER NAME: (Print) _____ PHONE: _____

HEALTHCARE PROVIDER SIGNATURE: _____ FAX: _____

I hereby authorize IYA Medical to act on my behalf to obtain any and all authorizations needed for the above named patient. I hereby certify that the test(s) ordered are medically necessary for the diagnosis and treatment of this patient.

ROUTINE FAX/STAT FAX: _____ STAT CALL: _____ PATIENT TO CARRY CD/FILMS

CD FILMS TO: _____ CC REPORT TO: _____

INTERVENTIONAL RADIOLOGY ORDER FORM

● **DRAINAGE**

- Abscess Pleural/Empyema
- Abscess Cyst/Liver
- Paracenteses
- Remove Drain/Cyst Aspiration
- Thoracentesis

● **URINARY TRACT**

- Nephrostogram
- Nephrostomy Tube Placement/Change
- Nephroureteral Tube Insertion
- Nephroureteral Stent Placement/Change
- Ureteral Dilatation

● **GASTROINTESTINAL TRACT**

- Percutaneous Gastrostomy Tube Placement GJ
- Gastrostomy Tube Change
- Percutaneous Biliary Stent Internal/External
- Change Biliary Catheter
- Percutaneous Transhepatic Cholangiogram

● **INTERVENTIONAL ONCOLOGY**

- TACE (Trans Arterial Chemoembolization)
- TAC (Tunneled Access Catheter)
- RF Ablation Cryoablation
- Port Placement Port Exchange
- PICC Placement Bone Biopsy
- Bone Marrow Biopsy CIPI

● **IR CLINIC**

- IR Consult for _____
- IR Clinic Visit for _____

● **OTHER**

● **VENOUS DISEASE**

- Varicose Veins - Venous Insufficiency
- Thrombectomy/Thrombolysis for DVT
- Venous Ablation
- Sclerotherapy
- RF Venous
- (EVLT) Ablation

● **VASCULAR**

- Angiogram
 - Abdominal/Pelvis w/lower extremity (Runoff)
 - Thoracic
 - Abdominal/Pelvis
 - Aneurysm Evaluation (AAA, TAA, Endoleak)
 - Renal
- Fistulagram
- IVC filter Placement/Removal/Reposition
- Mesenteric Angiography for stenosis/ischemia
- Renal and Adrenal Vein Sampling

● **EMBOLIZATION/ABLATION**

- Pelvic Embolization for Pelvic Vein Congestion
- Pre-op Embolization
 - Renal
 - Bone
 - Soft tissue mass
- Uterine Artery Embolization for Fibroids (UAE/UFE)
- Varicocele Embolization/Gonadal Embolization
- Prostatic Artery Embolization (PAE)

● **ORTHO**

- Joint Aspiration/Injection
- Thrombectomy/Thrombolysis for DVT
- Bone Biopsy

● **IMAGE GUIDED REGENERATIVE MEDICINE**

- Spine C T L
- Joint
 - Shoulder R/L Elbow R/L
 - Wrist R/L Ankle R/L
 - Knee R/L Hips R/L
 - Other
- Intravenous Regenerative Medicine

● **BIOPSIES**

- Abd/Retroperitoneal Percutaneous
- Bone Marrow
- Liver, Percutaneous
- Transjugular Liver
- Lymph Node (core)
- Pancreas, Percutaneous
- Soft tissue mass
- Thyroid
- Spine Biopsy

SPINE

- Kyphoplasty/Vertebroplasty
- Lumbar Puncture
- Myelogram C T L
- Bone Biopsy
- Image Guided Pain Management

Patient Instructions

PLEASE ARRIVE 15 Minutes prior to your scheduled appointment

Computed Tomography (CT)

CT of the abdomen and pelvis:

- Do not eat or drink anything 4 hours prior to the exam.

CT with IV Contrast:

- Do not eat or drink anything 2 hours prior to the exam.
- Moderate amounts of fluid are acceptable.
- You may take normal medications with small amount of water the day of the exam.

CT Urogram:

- Do not eat anything 4 hours prior to the exam.
- Drink 32 ounces of water prior to exam (have Full Bladder).

MAGNETIC RESONANCE IMAGING (MRI)

- You can expect a pre-scan review of your medical history, previous testing, and insurance information.
- Please be sure to inform our staff if you are claustrophobic or have a cardiac pacemaker, shrapnel or metal clips from cerebral aneurysm surgery in your body. Allow 30-90 minutes for the exam.

ULTRASOUND

Pelvic or obstetrical ultrasounds:

- Please drink 32 ounces of water 1 hour prior to schedule exam time.
- Do not empty you bladder prior to exam; it must be full.
- Allow 30 minutes for the exam.

Abdominal ultrasounds:

- Do not eat or drink anything 6 hours prior to your exam.
- Allow 30-45 minutes for the exam.
- Do not chew gum or smoke prior to the exam.

Renal artery ultrasounds:

- Do not eat or drink anything 6 hours prior to your exam.
- Do not chew gum smoke prior to the exam.
- Allow 30-45 minutes for the exam.
- You make take normal medications with a small amount of water on the morning of the exam.

RADIOLOGY EXAMINATIONS

Upper GI Exam:

- Do not eat or drink anything after midnight the night before the exam.
- Allow 30-45 minutes for the exam.
- Do not chew gum or smoke 1 hour prior to your exam. Infants should not eat or drink anything 4 hours prior to exam.

Barium Enema or IVP:

- At least 48 hours prior to the exam, you will need to pick a prep kit from us.
- Follow the instructions with the kit.
- Do not drink or eat anything the day of the exam. Allow 60 minutes for the exam.
- You may take normal medications with the small amount of water the morning of the exam.

Scheduling 928-515-3232
Scheduling@IYAMedical.com

