



PERMCATH REMOVAL (AND TEMP CATH REMOVAL)

PATIENT:

DOB:

PROCEDURE DATE:

SPOKE TO:

CONTACT#:

ORDERS

- H & P
- DEMOGRAPHICS
- INSURANCE
- MEDS LIST

BLOOD THINNERS:

- ASPIRIN _____ MG
 - PLAVIX/COUMADIN/WARFARIN _____ MG
 - IBUPROFEN/MOTRIN/ADVIL
- DC DATE:** _____ **LAB DATE:** _____

LABS: (CBC, PT, PT)

WHERE DRAWN:

SENT TO:

PATIENT SPEAKS ENGLISH: YES/NO IF NO, PERSON TO ACCOMPANY: _____



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