

**NORTH SHORE UNIVERSITY HOSPITAL
300 COMMUNITY DRIVE
MANHASSET, NY 11030
INTERVENTIONAL RADIOLOGY DEPT
PHONE (516) 562-4834 FAX (516) 562-1379**

BOOKING INFORMATION INSTRUCTIONS:

1. Please make copies of information booking sheet for future use.
2. Upon completion, please fax information booking sheet to (516) 562-1379
3. We will then make an appointment for your patient and fax the information back to you.
4. Please do not direct patients to call our department directly to make an appointment.
5. Faxing lab results along with booking information sheet will expedite patient's appointment date.
6. If patient has to go for lab work, when possible, please send to our facility.
7. All lab results are due in our department, at least 2 days prior to procedure, to avoid cancellation of patient's appointment.
8. Please have your office notify patient of all appointment dates and instructions.
9. Please obtain pre-certification when required. Pre-cert due 2 days prior to procedure.

INSTRUCTIONS REGARDING PATIENT:

1. **REQUIRED LABS FOR PROCEDURE:** PTT, PT, INR, PLATELET COUNT, BUN AND CREATININE
2. Instruct patient to be **NPO** after midnight before the procedure.
3. Patient should register at **OUTPATIENT REGISTRATION** ½ hour before scheduled appointment
4. Patient needs to have a ride home. Under no circumstances are patients permitted to drive themselves.
5. **POST PROCEDURE:** Patient should call the department with any questions or concerns at (516) 562-4834. After hours call the hospital operator at (516) 562-0100 and ask for the radiology resident on-call.

PATIENT'S NAME _____

Patient's testing will be done: at _____ on _____ time _____
(Facility) (Date)