



**Ayad K. M. Agha D.O. DABR**

Diplomat American Board of 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: IR@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: \_\_\_\_\_

ALLERGY:  Y  N

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 Dilation

**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