

PATIENT INFORMATION Fax results: () _____ Call Report: () _____ patient to wait in radiology

Patient Last Name:	First:	Middle:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:	City:	State: Zip Code:
Parent(s)/Legal Guardian(s) Name:		
Parent(s)/Legal Guardian(s) Phone Number(s): () Cell: ()		
Email:	Insurance Plan:	
Interpreter Needed: <input type="checkbox"/> Yes Language:	Primary Care Physician Name:	
Test specific diagnosis:	Special Requests:	
Pre-authorization: <input type="checkbox"/> Not needed <input type="checkbox"/> Will fax <input type="checkbox"/> Will send w/patient		

Physician/PA/NP Signature: _____

License # (If not on Children's Medical Staff): _____

CT- Routine Exams

- CT CTA CTV
- Without contrast With contrast
- General anesthesia
- Chest
- Abdomen/Pelvis
- Chest/Abdomen/Pelvis
- Neck/Chest/Abd/Pelvis
- Head
- Enterography
- Angio Head Neck Chest Other: _____
- Sinus Landmark
- Facial Bones
- Orbits
- Temporal Bones
- Spine: Cervical Thoracic Lumbar Entire
- Neck
- Pelvis
- Hip
- Shoulder
- Leg Length
- Torsion
- Extremity: _____ Right Left Bilateral
- Cardiac Chest
- Other: _____

X-Ray (no appointment needed for x-ray)

- Chest
- Abdomen KUB Abd/Upright
- Pelvis- AP only
- Bone Age Hand/Wrist
- Foreign Body Survey
- Bilateral Lower Extremity
- Hips Bilateral- AP and Lateral
- Ribs Bilateral
- Cervical Spine Lateral AP/Lat AP/Lat/Oblique
- Thoracic Lateral AP/Lat
- Lumbar Lateral AP/Lat AP/Lat/Oblique
- Scoliosis PA only PA/Lat
- Hand Right Left
- Wrist Right Left
- Forearm Right Left
- Elbow Right Left
- Humerus Right Left
- Shoulder Right Left
- Clavicle Right Left
- Finger Right Left indicate digit _____
- Toe Right Left indicate digit _____
- Foot Right Left
- Ankle Right Left
- Tib/Fib Right Left
- Knee Right Left
- Femur Right Left
- Sinuses Waters Waters/Lat Complete
- Skull: _____ 1View(specify view) AP/Lat 4 view
- Soft Tissue Neck AP/Lat Lateral Only
- Nasal bones
- Osseous Survey (appointment needed)
- SI Joints
- Other: _____

MR Examinations

- MR MRA MRV
- Without contrast With contrast
- General anesthesia
- Brain Rapid Sella Orbits IAC
- Abdomen
- Abdomen/Pelvis
- Renal
- Liver
- MRCP
- Enterography
- Fistula
- Appendicitis
- Spine: Cervical Thoracic Lumbar
- Spine/Entire
- Face
- Soft Tissue Neck
- Angio Head Neck
- Hand Right Left
- Wrist Right Left
- Forearm Right Left
- Elbow Right Left
- Humerus Right Left
- Shoulder Right Left
- Pelvis
- Hip Right Left
- Femur Right Left
- Knee Right Left
- Tib/Fib Right Left
- Ankle Right Left
- Foot Right Left
- Chest
- Chest Wall
- Brachial Plexus
- Spectroscopy
- Urogram
- Other: _____

DEXA

- Axial (Lumbar/Femoral Head)
- Whole Body Composition
- Appendicular (Distal Femur/Forearm)

EOS

- Scoliosis: 1 view 2 view
- Standing Bilateral Lower Extermity

Ultrasound

- w/nitrous
- Head
- Abdomen Complete Limited w/Doppler
- Scrotum and Testicles w/Doppler for torsion
- Soft Tissue Head and Neck
- Renal (Kidneys, Ureter, Bladder)
- Thyroid
- Soft Tissue Right Left Body Part: _____
- Pelvis Complete w/Doppler for torsion
- Chest
- Hips w/manipulation
- Hips static-effusion Right Left
- Spine
- Other: _____

Fluoroscopy

- Barium Enema (Water soluble enema)
- Deglutition (with Speech Pathology)
- Esophagram
- Voiding Cystogram (VCUG) w/nitrous
- Upper GI w/ Small Bowel Series
- Small Bowel Series
- Video Urodynamics (Urology Suite) w/nitrous
- Other: _____

Interventional Radiology

- Lumbar Puncture
- Biopsy Body Part: _____
- Consult
- Other: _____

Nuclear Medicine

- General anesthesia
- Renal MAG3 w/nitrous
- Renal DMSA
- Bone 3 Phase
- Bone Whole-body
- Bone SPECT: _____ (Body Part)
- HIDA for EF (CCK)
- HIDA for Biliary Atresia
- Gastric Empty 2 HR
- Gastric Empty 4 HR
- Thyroid Uptake and Scan
- Thyroid Whole-body
- Thyroid Ablation
- Lung Perfusion
- Meckel's
- Other: _____