



Children's Hospital of The King's Daughters, Inc.
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Practice Information

RADIOLOGY SPECIALTY IMAGING ORDERS

Patient Label or MRN, Acct#, Name, DOB, DOS

Pt Name: _____ DOB: _____ MRN: _____

Please Complete Information Below

Routine Urgent Stat Wet Read Portable (ICU/unstable) Height _____ cm Weight _____ kg

Isolation: Contact Droplet Airborne Allergies: NKA or _____

Pregnancy Status per lab request: Positive Negative N/A (Male, Premenarche, Distal film (elbow or knee))

WHAT INFORMATION DO YOU WISH TO GAIN FROM THIS STUDY (Reason for exam/Complaint) Please do not use diagnosis codes

Pertinent Medical/Surgical History and Physical Exam Findings:

I.V. Contrast Without With With/Without Sedation (Available M-F 0700-1530 call 668-7680 to schedule)

P.O Contrast Without With Anesthesia (Contact 668-7320 for availability)

* Please provide a phone number or pager number that can be reached at the time of the examination and/or reading

Call Critical Results or Questions to: _____ PIC/Pager/Phone: _____

CT		MRI		US
Head		Brain		Abdomen Complete
Chest		Total Spine		Abdomen Limited (one area)
Abdomen _____ Pelvis _____		Chest		Specify:
Sinus		Abdomen _____ Pelvis _____		Head
Temporal Bones		C-Spine		Pelvis
Soft Tissue Neck		T-Spine		Renal Complete
Orbits		L-Spine		Scrotum/Testicles w/doppler
Facial Bones		Orbits _____ Face _____ Neck _____		Hips: w/manipulation
C-Spine		Upper Extremity		Hips: w/o manipulation
T-Spine		Shoulder RT _____ LT _____		Other:
L-Spine		Humerus RT _____ LT _____		
Upper Extremity		Elbow RT _____ LT _____		Nuclear Medicine
Shoulder RT _____ LT _____		Forearm RT _____ LT _____		Bone Scan: Whole Body
Humerus RT _____ LT _____		Wrist RT _____ LT _____		Bone Scan: Whole Body with Spect
Elbow RT _____ LT _____		Hand RT _____ LT _____		Specify Area: _____
Forearm RT _____ LT _____		Lower Extremity		Bone Scan 3 Phase
Wrist RT _____ LT _____		Hip RT _____ LT _____		Gastric Emptying
Hand RT _____ LT _____		Femur RT _____ LT _____		Renal Scan _____ with Lasix
Lower Extremity		Knee RT _____ LT _____		DMSA Spect
Hip RT _____ LT _____		Tib/Fib RT _____ LT _____		DMSA Static
Femur RT _____ LT _____		Ankle RT _____ LT _____		Ureteral Reflux Scan (VCUG)
Knee RT _____ LT _____		Foot RT _____ LT _____		Hepatobiliary Scan _____ w/EF
Tib/Fib RT _____ LT _____		Other:		Meckel's
Ankle RT _____ LT _____		MRA/MRV		MIBG Whole Body
Foot RT _____ LT _____		Neck _____		MIBI Stress
Other:		Head _____ / _____		MIBI Rest
		Chest _____ / _____		GFR Kidney Function Study
CTA		Abdomen _____ / _____		Non-Imaging _____ Imaging _____
Specify Area:		Other:		Other:

Study indications/notes	Study indications/notes	Study indications/notes
CT head WITHOUT Contrast: Trauma (skull fracture, intracranial hemorrhage), Hydrocephalus (VP shunt malfunction)	CT orbits WITHOUT contrast: Trauma – Orbital fracture, globe injury. CT orbits WITH contrast: Infection such as (peri)orbital cellulitis, tumor	CT temporal bones WITHOUT contrast: Basilar skull fracture CT temporal bones WITH contrast: Mastoiditis Shunt series: Usually ordered in conjunction with CT Head WITHOUT contrast
CT abd/pelvis WITHOUT Contrast: Renal stones	CT facial bones: Fracture of facial bones (includes orbits, midface, mandible)	Pelvic US (trans-abdominal): Requires Foley catheter in place. (ER patients only)
CT abd/pelvis WITH Contrast: Appendicitis, intra-abdominal abscess, intra-abdominal pelvic tumor	CT mandible: Fracture mandible	Shunt series: Usually ordered in conjunction with CT Head WITHOUT contrast

Physician Signature _____ Print Name: _____ Date: _____ Time: _____