Pediatric Imaging Order Form



F 0 Today's Date:

General Scheduling: (541) 3 Fax Orders: (541) 334-7564 (Online Orders: https://scheduling.ord	(Do not fax STAT Orders)	REPORTING INSTRUCTION Routine STAT Call Report - of after hours ph# Pt to go Pt	direct ph#			
PATIENT LAST NAME (REQUIRED)	FIRST	М	DATE C	OF BIRTH (REQUIRED)	PATIENT DAYTIME PHONE	
ORDERING CLINICIAN (REQUIRED) OFFICE LOCATION (if multiple) CLINICIAN SIGNATURE			NATURE	E (REQUIRED - NO STAMPS)		
					DATE	
INSURANCE	PA# SE			SEND ADDITIONAL COPIES OF REPORT TO		
SYMPTOMS/DIAGNOSIS/HISTORY (REC	(UIRED) - INCLUDE ICD 10 CC	DDE(S)				

If the exam you need is not listed, please choose the modality and write in the exam description.								
X-Ray	Fluoro/Diagnostics	MRI	CT	US	Exam Description:			

X-RAY NO APPOINTMENT NECESSARY Skull (Complete) Skull (Limited) Facial Bone **MRI** Sinus (Limited) Chest (PA/LAT) Abdomen 1V

Abdomen 2V Abdomen 2V with 1V Chest Abdomen 2V with 2V Chest Infant Trauma < 1 year Infant Trauma > 1 year Bone Age

Foreign Body Study Soft Tissue Neck Pelvis

Spine

C-Spine 3V C-Spine 5V (w/obliques) T-Spine L-Spine

Thoracolumbar 2V Lumbar Scoliosis Survey Sacrum & Coccyx

Extremity R

Shoulder Humerus Clavicle Elbow Forearm Wrist Hand Femur Knee Tib/Fib Ankle Foot

Fingers Digit # Digit #_ Hip Unilateral w/ Pelvis Hip Bilateral w/ Pelvis

FLUORO/DIAGNOSTICS

VCUG

DI	EX	(A

Diagnostic DEXA

Contrast Choice

At Radiologist Discretion

W/WO wo W (rare exam)

Brain C-Spine L-Spine Pelvis Abdomen Knee (Left) Knee (Right)

CT

Contrast Choice

At Radiologist Discretion

wo w W/WO

Brain Abdomen

Abdomen/Pelvis W/ Contrast

(Appendicitis)

Abdomen/Pelvis W/O Contrast

(KUB/Renal Stone)

Pelvis

Leg Length (CT Scanogram)

ULTRASOUND/DOPPLER

Infant Head < 1 year Soft Tissue Head or Neck **Breast** Chest for Soft Tissue Abdomen Complete Abdomen Ltd (Appendicitis) Abdomen Ltd (Pyloric Stenosis) Pelvis (No Transvag) Pelvis (with TV if Indicated) Renal Complete

Infant Hips W/ Manipulation < 1 Year Infant Hips W/O Manipulation < 1 Year Scrotum with Ltd Doppler/Blood Flow if Indic.

NOTES:

