DIAGNOSTIC TESTING ORDER FORM

FAX form to 513-803-1111 or 1-866-877-8905

(After faxing form, encourage family to call for appointment.)

Cincinnati Children's Hospital Medical Center

3333 Burnet Ave., MLC 9014
Cincinnati, OH 45229-3039
1-800-344-2462
Forms: www.cincinnatichildrens.org/consults

PATIENT INFORMATION

Today's Date_____ CCHMC MR #_____ (if available)

Patient's Name_____

Date of Birth_____ Home Phone_____ Alt Phone_____

REASON FOR TESTING

Reason for testing / Specific question(s) to be answered:

1. _____

2. _____

History / Symptoms / Potential diagnosis / Special needs: _____

_____

☐ Check here if additional clinical information is included with this request.

SERVICES REQUESTED

CARDIOLOGY

- ☐ Holter Monitor
- ☐ Tilt Test
- ☐ Event Monitor
- ☐ Exercise Testing (GXT)
- ☐ with PFT [2]
- ☐ EKG
- ☐ with Rhythm Strip
- ☐ with Signal Average
- ☐ ECHO
- ☐ Pre-cath
- ☐ Pre-surgery
- ☐ Dobutamine

NEUROLOGY

- ☐ EEG
- ☐ EEG, Sleep deprived

PEDIATRIC REHABILITATION

- ☐ EMG

(indicate extremity _____)

PULMONARY MEDICINE

Pulmonary Function Testing (PFT)[1]

- ☐ Full (Includes spirometry; other lung function tests per algorithm depending on spirometry results)[2]
- ☐ Pre-Operative[2]
- ☐ Exercise Challenge (to evaluate exercise-induced bronchospasm)[2]
- ☐ Methacholine Challenge (to evaluate bronchial hyperreactivity/asthma)[2]
- ☐ Oxygen Consumption (Metabolic or REE Testing)
- ☐ Aerosolized Pentamidine[3]
- ☐ Infant PFT (for department use only)
- ☐ Hematology/Oncology Profile[2]
- ☐ Neuromuscular Profile[2]
- ☐ Rheumatology Profile[2]
- ☐ Other _____

OTHER

DXA Scan

- ☐ Bone Mineral Density – Lumbar Spine
- ☐ Body Composition – Total Body
- ☐ GTT – 2 hour (includes glucose and insulin)[4]
- ☐ Sweat Chloride
- ☐ Other _____

_____

[1] If you have questions regarding which pulmonary function test to order, please call (513) 636-8049
[2] If indicated per algorithm, Bronchodilator administered: albuterol 2.5 mg nebulized or 4 puffs M.D.I. (90 mcg/puff)
[3] 300 mg for inhalation Bronchodilator 2.5 mg albuterol for sensitivity
[4] For GTT of longer duration, please call Endocrinology at (513) 636-7832

REQUESTING PRACTITIONER / GROUP

Office Name _____ Physician Name _____

Office Address _____ Telephone _____

_____ Fax _____

Signature / Credentials of ordering Practitioner _____ Time/Date_____

Print Name (if different from physician above)_____ Date _____