



# DIAGNOSTIC TESTING ORDER FORM

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

3333 Burnet Ave., MLC 9014  
Cincinnati, OH 45229-3039  
1-800-344-2462

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

Forms: [www.cincinnatichildrens.org/consults](http://www.cincinnatichildrens.org/consults)

## PATIENT INFORMATION

Patient's Name \_\_\_\_\_ CCHMC MR # \_\_\_\_\_  
(if available)  
Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

## REASON FOR TESTING

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

- \_\_\_\_\_
- \_\_\_\_\_

History / Symptoms / Potential diagnosis / Special needs: \_\_\_\_\_

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

## SERVICES REQUESTED

### CARDIOLOGY

- Holter Monitor
- Exercise Testing (GXT)
  - with Nuclear Medicine
  - with Exercise Echo
- EKG
  - with Rhythm Strip
  - with Signal Average
- ECHO
  - Pre-cath
  - Pre-surgery
  - Dobutamine
  - Tilt Test
  - Event Monitor

### NEUROLOGY

- EEG
- EEG, Sleep deprived

### PEDIATRIC REHABILITATION

- EMG  
(indicate extremity \_\_\_\_\_)

### PULMONARY MEDICINE

- Pulmonary Function Testing (PFT)<sup>1</sup>
  - Full (Includes spirometry; other lung function tests per algorithm depending on spirometry results)<sup>2</sup>
  - Pre-Operative<sup>2</sup>
  - Exercise Challenge (to evaluate exercise-induced bronchospasm)<sup>2</sup>
  - Exercise Challenge with EKG<sup>2</sup>
  - Methacholine Challenge (to evaluate bronchial hyperreactivity/asthma)<sup>2</sup>
  - Oxygen Consumption (Metabolic or REE Testing)
  - Aerosolized Pentamidine<sup>3</sup>
  - Infant PFT (for department use only)
  - Hematology/Oncology Profile<sup>2</sup>
  - Neuromuscular Profile<sup>2</sup>
  - Rheumatology Profile<sup>2</sup>
  - Other \_\_\_\_\_

### OTHER

- DXA Scan
  - Bone Mineral Density – Lumbar Spine
  - Body Composition – Total Body
- GTT – 2 hour (includes glucose and insulin)<sup>4</sup>
- Sweat Chloride
- Other \_\_\_\_\_

<sup>1</sup> If you have questions regarding which pulmonary function test to order, please call (513) 636-8049

<sup>2</sup> If indicated per algorithm, Bronchodilator administered: albuterol 2.5 mg nebulized or 4 puffs M.D.I. (90 mcg/puff)

<sup>3</sup> 300 mg for inhalation Bronchodilator 2.5 mg albuterol for sensitivity

<sup>4</sup> 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 \_\_\_\_\_

Print Name (if different from physician above) \_\_\_\_\_ Date \_\_\_\_\_

