RADIOLOGY SERVICES 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

Appointment 513-636-4251, option #1
STAT request 513-636-4251, option #2 - Radiology
513-636-6390, option #0 - Nuclear Medicine

PATIENT INFORMATION

Patient's Name _____ CCHMC MR# _____ (if available)

Date of Birth _____ Home Phone _____ Alt Phone _____

REASON FOR TESTING

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

1. _____

2. _____

History / Symptoms / Potential diagnosis / Special needs:

_____

_____

_____

_____

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

SERVICES REQUESTED

☐ **CT** ☐ **MRI** ☐ **Ultrasound** ☐ **X-ray** ☐ **Fluoro** ☐ **Cystogram / VCUG** ☐ **Other** _____

Please specify if ☐ **Fluoro** *or* ☐ **Nuclear**

Body Part: _____

Site: ☐ Left ☐ Right ☐ Bilateral ☐ Other _____ For Abdominal Ultrasound: ☐ Upper ☐ Lower

NUCLEAR MEDICINE

☐ Cystogram
- ☐ Cystogram with Renal US

☐ Bone Scan

Gastric Emptying
- ☐ Liquids and Solids
- ☐ Liquids only
- ☐ Solids only

☐ GFR
☐ GFR with Differential
☐ Meckel's Scan*

☐ HIDA
☐ HIDA with CCK

* Ranitidine (Zantac®) is given 1 hour before the procedure, and can be taken at home or at the hospital for non-sedation patients. Will the physician write a prescription for the Ranitidine to be taken at home? ☐ YES ☐ NO *(Check one)*

☐ PET Scan

Renal Scans
- ☐ Diuretic (Lasix®) Renal Scan
- ☐ MAG3 Renal Scan (Renogram)
- ☐ Renal Cortical Study (DMSA)

☐ Thyroid Tc-99m Scan
☐ Thyroid I-123 Scan
☐ Other _____

The Radiology & Anesthesiology departments will triage the patient to determine if the patient should be scheduled awake vs sedation vs anesthesia.

REQUESTING PRACTITIONER / GROUP

Office Name _____ Physician Name _____

Office Address _____ Telephone _____

_____ Fax _____

Signature / Credentials of ordering Practitioner _____

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