



# 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: <http://www.cincinnatichildrens.org/referrals>

## PATIENT INFORMATION

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

## REASON FOR TESTING

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

1. \_\_\_\_\_
2. \_\_\_\_\_

History / Allergies / 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 <sup>1</sup>
- ☐ EKG
- ☐ with Rhythm Strip
- ☐ with Signal Average
- ☐ ECHO
- ☐ Pre-cath
- ☐ Pre-surgery
- ☐ Dobutamine

### NEUROLOGY

- ☐ EEG
- ☐ EEG, Sleep deprived

### PEDIATRIC REHABILITATION

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

### PULMONARY FUNCTION

- ☐ Spirometry – evaluate for obstruction
  - ☐ give albuterol 2.5 mg nebulized **only** if baseline test abnormal (spirometry)
  - ☐ give albuterol 2.5 mg nebulized **regardless** of baseline test results (spirometry pre/post)
- ☐ Lung volumes (plethysmography)  
Necessary to determine restriction
- ☐ Diffusion capacity (DLco)  
Evaluate for abnormal gas exchange (may be seen in interstitial lung disease)  
Includes measurement of Hgb – requires CBC same day
- ☐ Respiratory Muscle Strength  
Evaluate for respiratory muscle weakness
- ☐ Exercise Challenge  
Evaluate for exercise-induced bronchospasm  
Albuterol 2.5 mg nebulized prn in response to abnormal test
- ☐ Exercise Challenge with EKG  
Evaluate for exercise-induced bronchospasm and/or exercise induced arrhythmia  
Albuterol 2.5 mg nebulized prn in response to abnormal test
- ☐ Other \_\_\_\_\_

### OTHER

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

<sup>1</sup>Albuterol 4 puffs M.D.I. (90 mcg/puff) prn in response to abnormal test

<sup>2</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 \_\_\_\_\_ Time/Date \_\_\_\_\_

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

