

Please bring this form with you on the day of your exam.

All tests require an appointment except X-ray

For non-scheduled exams, please fax order form directly to specific location  
Locations and services provided on back of form

**PATIENT INFORMATION**

Today's Date: \_\_\_\_\_ CCHMC MRN (if available): \_\_\_\_\_  
 Patient's Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_  
 Pre-Authorization # (if available): \_\_\_\_\_

To schedule an appointment:

FAX form to: 513-803-1111 or 1-866-877-8905  
(After faxing form, encourage family to call for appointment)

CALL 513-636-4251, option #1

For STAT exams: CALL 513-636-4251, option #2

For Nuclear Medicine: CALL 513-636-6390, option #0

**SYMPTOMS AND REASON FOR REQUEST (REQUIRED)**

Symptoms, background information, or clinical history. Please include What, When and Where the injury/illness occurred: \_\_\_\_\_

Reason for request, potential ICD diagnosis, or specific question(s) to be answered: \_\_\_\_\_

X-RAY (Walk-In Services)	X-RAY (Walk-In Services)	ULTRASOUND (Call to Schedule)
<b>CORE/TRUNK</b>	<b>LOWER EXTREMITY</b>	<b>BODY PART(S)</b>
ABDOMEN	FEMUR <input type="checkbox"/> R <input type="checkbox"/> L	
CHEST	KNEE <input type="checkbox"/> R <input type="checkbox"/> L	FOR ABDOMINAL: <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER
CHEST/ABD (FOREIGN BODY)	TIBIA/FIBULA <input type="checkbox"/> R <input type="checkbox"/> L	IF EXTREMITY: <input type="checkbox"/> R <input type="checkbox"/> L
RIBS <input type="checkbox"/> R <input type="checkbox"/> L	ANKLE <input type="checkbox"/> R <input type="checkbox"/> L	
STERNUM	FOOT <input type="checkbox"/> R <input type="checkbox"/> L	SPECIFIC INSTRUCTIONS:
HIP <input type="checkbox"/> R <input type="checkbox"/> L	TOE (SPECIFY DIGIT): _____ <input type="checkbox"/> R <input type="checkbox"/> L	
SPECIFY VIEWS (IF APPLICABLE):	SPECIFY VIEWS (IF APPLICABLE):	
		<b>CT SCANS (Call to Schedule)</b>
<b>HEAD</b>	<b>OTHER</b>	<b>BODY PART(S)</b>
SINUS (WATERS VIEW ONLY)	SOFT TISSUE NECK (AIRWAYS)	
SINUS SERIES	NASO. LATERAL (ADENOIDS)	IF EXTREMITY: <input type="checkbox"/> R <input type="checkbox"/> L
SKULL	BONE AGE	
NASAL BONES	OTHER:	SPECIFIC INSTRUCTIONS:
FACIAL BONES		
ORBITS	<b>NUCLEAR MEDICINE (Call to Schedule)</b>	
MANDIBLE <input type="checkbox"/> R <input type="checkbox"/> L	NUCLEAR CYSTOGRAM	<b>MRI (Call to Schedule)</b>
SPECIFY VIEWS (IF APPLICABLE):	BONE SCAN	
	GASTRIC EMPTYING	<b>BODY PART(S)</b>
	<input type="checkbox"/> Liquids and Solids	
<b>SPINE</b>	<input type="checkbox"/> Liquids only	IF EXTREMITY: <input type="checkbox"/> R <input type="checkbox"/> L
C-SPINE	<input type="checkbox"/> Solids only	
T-SPINE	MECKEL'S SCAN*	SPECIFIC INSTRUCTIONS:
L-SPINE	Ranitidine (Zantac®) is given 1 hour before the procedure, and can be taken at home or at the hospital for non-sedate patients. Will the physician write a prescription for the Ranitidine to be taken at home?	
SACRUM/COCCYX	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>FLUOROSCOPY (Call to Schedule)</b>
SCOLIOSIS		
SPECIFY VIEWS (IF APPLICABLE):		CONTRAST ENEMA
	THYROID Tc-99m SCAN	ESOPHAGRAM
<b>UPPER EXTREMITY</b>	THYROID I-123 UPTAKE AND SCAN	IVP
SHOULDER <input type="checkbox"/> R <input type="checkbox"/> L		SMALL BOWEL
CLAVICLE <input type="checkbox"/> R <input type="checkbox"/> L	<b>RENAL SCANS</b>	UPPER GI
HUMERUS <input type="checkbox"/> R <input type="checkbox"/> L	Diuretic (Lasix®) Renal Scan	VOIDING CYSTO (VUCG)
ELBOW <input type="checkbox"/> R <input type="checkbox"/> L	MAG3 Renal Scan (Renogram)	FEEDING TUBE
RADIUS/ULNA <input type="checkbox"/> R <input type="checkbox"/> L	Renal Cortical Study (DMSA)	OTHER:
WRIST <input type="checkbox"/> R <input type="checkbox"/> L		
SCAPHOID SERIES <input type="checkbox"/> R <input type="checkbox"/> L	HIDA	
HAND <input type="checkbox"/> R <input type="checkbox"/> L	HIDA with CCK	SPECIFIC INSTRUCTIONS:
FINGER (SPECIFY DIGIT) _____ <input type="checkbox"/> R <input type="checkbox"/> L	PET SCAN	
SPECIFY VIEWS (IF APPLICABLE):	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**

Practice Name: \_\_\_\_\_ Practitioner Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Signature/Credentials of Ordering Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Print Name: \_\_\_\_\_



**Cincinnati Children's Main Campus**  
3333 Burnet Avenue  
Cincinnati, OH 45229  
Offers Radiology/X-Ray (& Fluoroscopy)  
Ultrasound, MRI, CT scan, and Nuclear Medicine  
Phone (513) 636-4251  
Fax (513) 636-3004

**Cincinnati Children's Anderson**  
Mercy Center for Health and Wellness  
7495 State Road, Suite 355  
Cincinnati, OH 45255  
Offers Radiology/X-Ray and Ultrasound  
Phone (513) 636-6106  
Fax (513) 636-6118

**Cincinnati Children's Eastgate**  
796 Cincinnati-Batavia Pike  
Cincinnati, OH 45245  
Offers Radiology/X-Ray  
Phone (513) 636-6024  
Fax (513) 636-6007

**Cincinnati Children's Fairfield**  
in the Mercy Center for Health and Wellness  
3050 Mack Road  
Fairfield, OH 45014  
Offers Radiology/X-Ray  
Phone (513) 636-6413  
Fax (513) 636-6452

**Cincinnati Children's Green Township**  
5899 Harrison Avenue  
Cincinnati, OH 45248  
Offers Radiology/X-Ray, Ultrasound, and MRI  
Phone (513) 803-8333  
Fax (513) 803-8269

**Cincinnati Children's Kenwood**  
at the Shoppes of Kenwood  
7714-A Montgomery Road  
Cincinnati, OH 45236  
Offers MRI  
Phone (513) 803-4290  
Fax (513) 803-4295

**Cincinnati Children's Liberty Campus**  
7777 Yankee Road  
Liberty Township, OH 45044  
Offers Radiology/X-Ray (& Fluoroscopy)  
Ultrasound, MRI, CT scan, and Nuclear Medicine  
Phone (513) 803-9788  
Fax (513) 803-9721

**Cincinnati Children's Mason**  
9560 Children's Drive  
Mason, OH 45040  
Offers Radiology/X-Ray and Ultrasound  
Phone (513) 636-6808  
Fax (513) 636-6835

**Cincinnati Children's Northern Kentucky**  
2765 Chapel Place  
Crestview Hills, KY 41017  
Offers Radiology/X-Ray (& Fluoroscopy) and  
Ultrasound  
Phone (859) 344-4706  
Fax (859) 344-5393

For service hours at each location please visit:

<http://www.cincinnatichildrens.org/service/r/radiology/services/locations/>