



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 _____ Home Phone _____ Alt Phone _____

REASON FOR TESTING

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

- _____
- _____

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 ¹
- 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
- Methacholine Challenge
Evaluate for bronchial hyperreactivity/asthma
- 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)²
- Sweat Chloride
- Other _____

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

² 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 _____

