



Children's Hospital of The King's Daughters, Inc.
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RADIOLOGY IMAGING ORDERS

Practice Information

Patient Label or MRN, Acct#, Name, DOB, DOS

Pt Name: _____ DOB: _____ MRN: _____

Please Complete Information Below

Routine Urgent Stat Wet Read Portable (ICU/unstable) Height _____ cm Weight _____ kg

Isolation: Contact Droplet Airborne Allergies: NKA or _____

Pregnancy Status per lab request: Positive Negative N/A (Male, Premenarche, Distal film (elbow or knee))

WHAT INFORMATION DO YOU WISH TO GAIN FROM THIS STUDY (Reason for exam/Complaint) Please do not use diagnosis codes

Pertinent Medical/Surgical History and Physical Exam Findings:

* Please provide a phone number or pager number that can be reached at the time of the examination and/or reading

Call Critical Results or Questions to: _____ PIC/Pager/Phone: _____

Abdomen 1 view (KUB)	Foot Series 3 views Right (AP/LAT/OB)	Shoulder Series 3 views Left
Abdomen 2 views (Flat/Upright)	Forearm 2 views Left	Shoulder Series 3 views Right
Acute Abdomen Series (AAS)	Forearm 2 views Right	Shunt Series
Ankle 2 views Left	Foreign Body Series	Sinus 2 views
Ankle 2 views Right	G-J Tube Replacement w/Fluoro	Sinuses Paranasal complete Series
Ankle Series 3 views AP/LAT/OB Left	Hand 2 views Left	Skull Series 4 views or more
Ankle Series 3 views AP/LAT/OB Right	Hand 2 views Right	Small Bowel Follow Through
Barium Enema	Hand Series 3 views Left (AP/LAT/OB)	Speech Video Swallow w/ST/OT
Barium Swallow (Esophogram)	Hand Series 3 views Right (AP/LAT/OB)	Spine Entire 1 view (Scoliosis)
Bone Age	Hip 2 views Left	Spine Entire 2 views AP/LAT (Scoliosis)
Bone Length (Scanogram)	Hip 2 views Right	Thoracic Spine 2 views AP/LAT
Bone Survey - Genetics	Hip Bilateral 2 views	Tibia/Fibula Left
Bone Survey - Ricketts	Humerus Left	Tibia/Fibula Right
Calcaneus Left (Os Calcis)	Humerus Right	Toe/Toes Left
Calcaneus Right (Os Calcis)	Knee 3 views Left (Tunnel)	Specify Toe(s)
Cervical Spine 2/3 views	Knee 3 views Right (Tunnel)	Toe/Toes Right
Cervical Spine Series min.4 views	Knee 3 views Left (Sunrise)	Specify Toe(s)
Chest 2 views PA and LAT	Knee 3 views Right (Sunrise)	Upper Extremity Infant Left (under 1 yo)
Clavicle Series Left 2 views	Knee < 3 views Left	Upper Extremity Infant Right (under 1 yo)
Clavicle Series Right 2 views	Knee < 3 views Right	Upper GI
Elbow 2 views Left	Knee > 3 views Left	Upper GI w/Small Bowel
Elbow 2 views Right	Knee > 3 views Right	Voiding Cystourethrogram (VCUG)
Elbow Series 3 views Left (AP/LAT/OB)	Lower Extremity Infant Left (under 1 yo)	VCUG with Sedation
Elbow Series 3 views Right (AP/LAT/OB)	Lower Extremity Infant Right (under 1 yo)	Wrist 2 views Left
Femur Left	Lumbar Spine 2 views AP/LAT	Wrist 2 views Right
Femur Right	Lumbar Spine 3 views W/Oblique	Wrist Complete Series Left (AP/LAT/OB)
Finger/Fingers Left Specify Finger(s):	Neck Soft Tissue 2 views AP/LAT	Wrist Complete Series Right (AP/LAT/OB)
Finger/Fingers Right Specify Finger(s):	Neck Soft Tissue Lateral 1 view	Other:
	Pelvis/Hips AP view only	
	Sacroiliac Joints Minimum 3 views	
Foot 2 views Left	Sacrum/Coccyx Minimum 2 views	
Foot 2 views Right	Scapula Left	Bone Density (DEXA Scan)
Foot Series 3 views Left (AP/LAT/OB)	Scapula Right	Specify Area:

Physician Signature _____ Print Name: _____ Date: _____ Time: _____