



Children's Hospital of The King's Daughters, Inc.

601 Children's Lane, Norfolk, VA 23507-1910

Schedule: 757.668.7251

Fax: 757.668.9185

Department: 757.668.7250

Practice Information

RADIOLOGY SPECIALTY IMAGING ORDERS

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:

I.V. Contrast Without With With/Without

Sedation (Available M-F 0700-1530 call 668-7680 to schedule)

P.O Contrast Without With

Anesthesia (Contact 668-7320 for availability)

* 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: _____

CT	MRI	US
Head	Brain	Abdomen Complete
Chest	Total Spine	Abdomen Limited (one area)
Abdomen _____ Pelvis _____	Chest	Specify:
Sinus	Abdomen _____ Pelvis _____	Head
Temporal Bones	C-Spine	Pelvis
Soft Tissue Neck	T-Spine	Renal Complete
Orbits	L-Spine	Scrotum/Testicles w/doppler
Facial Bones	Orbits _____ Face _____ Neck _____	Hips: w/manipulation
C-Spine	Upper Extremity	Hips: w/o manipulation
T-Spine	Shoulder RT _____ LT _____	Other:
L-Spine	Humerus RT _____ LT _____	
Upper Extremity	Elbow RT _____ LT _____	Nuclear Medicine
Shoulder RT _____ LT _____	Forearm RT _____ LT _____	Bone Scan: Whole Body
Humerus RT _____ LT _____	Wrist RT _____ LT _____	Bone Scan: Whole Body with Spect
Elbow RT _____ LT _____	Hand RT _____ LT _____	Specify Area: _____
Forearm RT _____ LT _____	Lower Extremity	Bone Scan 3 Phase
Wrist RT _____ LT _____	Hip RT _____ LT _____	Gastric Emptying
Hand RT _____ LT _____	Femur RT _____ LT _____	Renal Scan _____ with Lasix
Lower Extremity	Knee RT _____ LT _____	DMSA Spect
Hip RT _____ LT _____	Tib/Fib RT _____ LT _____	DMSA Static
Femur RT _____ LT _____	Ankle RT _____ LT _____	Ureteral Reflux Scan (VCUG)
Knee RT _____ LT _____	Foot RT _____ LT _____	Hepatobiliary Scan _____ w/EF
Tib/Fib RT _____ LT _____	Other:	Meckel's
Ankle RT _____ LT _____	MRA/MRV	MIBG Whole Body
Foot RT _____ LT _____	Neck _____	MIBI Stress
Other:	Head _____ / _____	MIBI Rest
CTA	Chest _____ / _____	GFR Kidney Function Study
Specify Area:	Abdomen _____ / _____	_____ Non-Imaging _____ Imaging
	Other:	Other:

Study indications/notes
CT head WITHOUT Contrast: Trauma (skull fracture, intracranial hemorrhage), Hydrocephalus (VP shunt malfunction)

Study indications/notes
CT orbits WITHOUT contrast: Trauma – Orbital fracture, globe injury.
CT orbits WITH contrast: Infection such as (peri)orbital cellulitis, tumor

Study indications/notes
CT temporal bones WITHOUT contrast: Basilar skull fracture
CT temporal bones WITH contrast: Mastoiditis
Shunt series: Usually ordered in conjunction with CT Head WITHOUT contrast

CT abd/pelvis WITHOUT Contrast: Renal stones

CT facial bones: Fracture of facial bones (includes orbits, midface, mandible)

Pelvic US (trans-abdominal): Requires Foley catheter in place. (ER patients only)

CT abd/pelvis WITH Contrast: Appendicitis, intra-abdominal abscess, intra-abdominal pelvic tumor

CT mandible: Fracture mandible

Shunt series: Usually ordered in conjunction with CT Head WITHOUT contrast

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