Cincinnati Children's
changing the outcome together

Radiology Services Order

PATIENT INFORMATION	Today's Date:	To Schedule an Appointment:
Patient's Name:	DOB:	1. Fax Form to: 513-803-1111 or 1-866-877-8905
Gender:	Mother's Name:	2. To Schedule a Routine Imaging Appointment, Call 513-636-4251, option #1 *Note: X-rays do not require a scheduled appointment*
		3. To Schedule a STAT Imaging Appointment, Call 513-636-4251, option #2
		Order Priority: ☐ Routine ☐ STAT
Phone:	Alternate Phone:	Pre-Authorization # *(if available)*:

SYMPTOMS AND REASON FOR REQUEST (REQUIRED)

Symptoms, background information, or clinical history:

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

X-RAY

CORE/TRUNK

- ☐ ABDOMEN
- ☐ CHEST
- ☐ CHEST / ABD (FOREIGN BODY)
- ☐ RIBS ☐ R ☐ L
- ☐ STERNUM
- ☐ HIP ☐ R ☐ L ☐ B

SPECIFY VIEWS (IF APPLICABLE):

HEAD

- ☐ SINUS (WATERS ONLY)
- ☐ SINUS SERIES
- ☐ SKULL
- ☐ NASAL BONES
- ☐ FACIAL BONES
- ☐ ORBITS
- ☐ MANDIBLE ☐ R ☐ L ☐ B

SPECIFY VIEWS (IF APPLICABLE):

SPINE

- ☐ C-SPINE
- ☐ T-SPINE
- ☐ L-SPINE
- ☐ SACRUM / COCCYX
- ☐ SCOLIOSIS

SPECIFY VIEWS (IF APPLICABLE):

LOWER EXTREMITY

- ☐ FEMUR ☐ R ☐ L ☐ B
- ☐ KNEE ☐ R ☐ L ☐ B
- ☐ TIBIA / FIBULA ☐ R ☐ L ☐ B
- ☐ ANKLE ☐ R ☐ L ☐ B
- ☐ FOOT ☐ R ☐ L ☐ B
- ☐ TOE (SPECIFY DIGIT): _____ ☐ R ☐ L ☐ B

SPECIFY VIEWS (IF APPLICABLE):

OTHER

- ☐ SOFT TISSUE NECK (AIRWAYS):
- ☐ NASO LATERAL (ADENOIDS)
- ☐ BONE AGE
- ☐ OTHER:

UPPER EXTREMITY

- ☐ SHOULDER ☐ R ☐ L ☐ B
- ☐ CLAVICLE ☐ R ☐ L ☐ B
- ☐ HUMERUS ☐ R ☐ L ☐ B
- ☐ ELBOW ☐ R ☐ L ☐ B
- ☐ RADIUS / ULNA ☐ R ☐ L ☐ B
- ☐ WRIST ☐ R ☐ L ☐ B
- ☐ SCAPHOID SERIES ☐ R ☐ L ☐ B
- ☐ HAND ☐ R ☐ L ☐ B
- ☐ FINGER(SPECIFY DIGIT): _____ ☐ R ☐ L ☐ B

SPECIFY VIEWS (IF APPLICABLE):

ULTRASOUND

BODY PART(S)

- ☐ ABDOMEN (upper)
- ☐ SINGLE QUADRANT
- ☐ RENAL
- ☐ PELVIS (Gyn)
- ☐ EXTREMITY (Specify): _____ ☐ R ☐ L ☐ B

OTHER:

CT SCANS*

☐ **BODY PART(S):**

IF EXTREMITY: ☐ R ☐ L ☐ B

SPECIFIC INSTRUCTIONS:

MRI*

☐ **BODY PART(S):**

IF EXTREMITY: ☐ R ☐ L ☐ B

SPECIFIC INSTRUCTIONS:

FLUOROSCOPY

- ☐ CONTRAST ENEMA
- ☐ ESOPHAGRAM
- ☐ IVP
- ☐ SMALL BOWEL
- ☐ UPPER GI
- ☐ VOIDING CYSTO (VCUG)
- ☐ FEEDING TUBE
- ☐ OTHER:

SPECIFIC INSTRUCTIONS:

NUCLEAR MEDICINE*

☐ **BODY PART(S) / EXAM(S):**

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:	Office Address:	
Telephone:	Date:	Time:
Signature/Credentials of Ordering Practitioner:		
Print Name of Ordering Practitioner:		

DTA0123