



**Children's Hospital of The King's Daughters, Inc.**  
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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	<b>Upper Extremity</b>	Hips: w/o manipulation
T-Spine	Shoulder RT _____ LT _____	Other:
L-Spine	Humerus RT _____ LT _____	
<b>Upper Extremity</b>	Elbow RT _____ LT _____	<b>Nuclear Medicine</b>
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 _____	<b>Lower Extremity</b>	Bone Scan 3 Phase
Wrist RT _____ LT _____	Hip RT _____ LT _____	Gastric Emptying
Hand RT _____ LT _____	Femur RT _____ LT _____	Renal Scan _____ with Lasix
<b>Lower Extremity</b>	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 _____	<b>MRA/MRV</b>	MIBG Whole Body
Foot RT _____ LT _____	Neck _____	MIBI Stress
Other:	Head _____ / _____	MIBI Rest
<b>CTA</b>	Chest _____ / _____	GFR Kidney Function Study
Specify Area: _____	Abdomen _____ / _____	_____ Non-Imaging _____ Imaging
	Other:	Other:

Study indications/notes	Study indications/notes	Study indications/notes
<b>CT head WITHOUT Contrast:</b> Trauma (skull fracture, intracranial hemorrhage), Hydrocephalus (VP shunt malfunction)	<b>CT orbits WITHOUT contrast:</b> Trauma – Orbital fracture, globe injury. <b>CT orbits WITH contrast:</b> Infection such as (peri)orbital cellulitis, tumor	<b>CT temporal bones WITHOUT contrast:</b> Basilar skull fracture <b>CT temporal bones WITH contrast:</b> Mastoiditis <b>Shunt series:</b> Usually ordered in conjunction with CT Head WITHOUT contrast
<b>CT abd/pelvis WITHOUT Contrast:</b> Renal stones	<b>CT facial bones:</b> Fracture of facial bones (includes orbits, midface, mandible)	<b>Pelvic US (trans-abdominal):</b> Requires Foley catheter in place. (ER patients only)
<b>CT abd/pelvis WITH Contrast:</b> Appendicitis, intra-abdominal abscess, intra-abdominal pelvic tumor	<b>CT mandible:</b> Fracture mandible	<b>Shunt series:</b> Usually ordered in conjunction with CT Head WITHOUT contrast

Physician Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_