Children's Wisconsin

Place Patient Label Here:

OUTPATIENT IMAGING (RADIOLOGY) ORDER FORM

Imaging Services located at Milwaukee, New Berlin, Greenfield, Mequon, Delafield, Appleton, Forest Home, Good Hope and Kenosha. All orders except General Radiology must be faxed prior to scheduling an appointment.

Phone: 414-607-5280 Fax: 414-266-3780

Required Patient Information:

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____ Patient Sex: ☐ Male ☐ Female

Required Ordering Information:

Diagnosis(es) or Signs/Symptoms: _____ ICD10 Code:_____

Reason for Exam:_____

Children's Wisconsin does not accept diagnosis(es) that include the terms "probable", "possible", "suspected", "rule out", "questionable" when ordering diagnostic services for your patient.

Additional Clinical Instructions: _____

Call Results: _____

Required Provider Information:

Ordering Provider Name (PRINT): _____ Order Date: _____ Time: _____

Ordering Provider Address: _____ Phone Number: _____

Provider Signature: _____Date: _____ Time: _____

General Radiology

No appointment needed, walk-ins welcome. Available at all locations.

- ☐ Chest
- ☐ Skull
- ☐ Abdomen
- ☐ Extremity
  - ☐ Right: _____
  - ☐ Left: _____
- ☐ Spine
  - Specify Region:

_____

- ☐ Other
  - Specify Region:

_____

Fluoroscopy

Available at Milwaukee, New Berlin and Mequon.

- ☐ Upper GI (Stomach)
- ☐ Upper GI with Small Bowel
- ☐ Colon (Barium Enema)
- ☐ VCUG
  - ☐ With UA and Urine Cx
- ☐ Other

_____

CT Scan

Available at Milwaukee only.

- ☐ Chest
  - ☐ With Contrast
  - ☐ Without Contrast
  - ☐ CW Radiologist Discretion
- ☐ Abdomen
  - ☐ With Contrast
  - ☐ Without Contrast
  - ☐ CW Radiologist Discretion
- ☐ Pelvis
  - ☐ With Contrast
  - ☐ Without Contrast
  - ☐ CW Radiologist Discretion
- ☐ Head
  - ☐ With Contrast
  - ☐ Without Contrast
  - ☐ CW Radiologist Discretion
- ☐ Other _____
  - ☐ With Contrast
  - ☐ Without Contrast
  - ☐ CW Radiologist Discretion

Ultrasound

Available at Milwaukee, New Berlin, Mequon, Delafield, Kenosha and Appleton.

- ☐ Abdomen
- ☐ Renal
- ☐ Neonatal Head
- ☐ Neonatal Spine
- ☐ Infant Hips
- ☐ Pelvis (ovarian)
  - ☐ With Doppler
  - ☐ Without Doppler
- ☐ Doppler
  - Specify Region:

_____

- ☐ Other
  - Specify Region:

_____

Nuclear Medicine

Available at Milwaukee only.

- ☐ Renal with Lasix
- ☐ Gastric Emptying
- ☐ Bone Density
  - ☐ Axial
  - ☐ Appendicular
  - ☐ WB
- ☐ Other

_____

PET/MRI Scan

Available at Milwaukee only.

*Complete MRI Order Questions on Page 2

- ☐ Brain
  - ☐ FDG
  - ☐ Dotatate
  - ☐ CW Radiologist Discretion
- ☐ Brain with EEG
  - ☐ FDG
  - ☐ Dotatate
  - ☐ CW Radiologist Discretion
- ☐ Whole Body
  - ☐ FDG
  - ☐ Dotatate
  - ☐ CW Radiologist Discretion
- ☐ Eyes to Thighs
  - ☐ FDG
  - ☐ Dotatate
  - ☐ CW Radiologist Discretion

MRI/MRA Scan

Available at Milwaukee, New Berlin and Mequon.

*Complete MRI Order Questions on Page 2

- ☐ MRI Scan of

_____

  - ☐ With Contrast
  - ☐ Without Contrast
  - ☐ With and Without Contrast
  - ☐ CW Radiologist Discretion
- ☐ MRA Scan of

_____

  - ☐ With Contrast
  - ☐ Without Contrast
  - ☐ With and Without Contrast
  - ☐ CW Radiologist Discretion

Interventional Radiology

Available at Milwaukee only.

To schedule, call 414-266-3152. For example, PICC line placement, biopsies, angiograms and lumbar puncture.

*Authorization may be required for PET/MRI Scan, MRI/MRA Scan and CT Scan.

Medical Necessity Regulations – At the government's request, the Clinical Laboratories would like to remind all providers that when ordering tests that will be paid under federal health programs, including Medicare and Medicaid, will pay only for those tests the relevant program deems to be (1) included as a covered service, (2) reasonable, (3) medically necessary for the treatment and diagnosis of the patient and (4) not for screening purposes.

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MRI ORDER QUESTIONS

Patient Name: _____

DOB: _____

1. Reason for exam: _____
2. Signs and Symptoms: _____
3. Allow radiologist discretion if contrast imaging is needed: Yes No
4. Is exam to be performed on the 3T Scanner? Yes No
    - If Yes, reason _____

The MRI Department may contact you for additional information to assist in scheduling the exam/s if answering yes to any of the following questions:

5. Does the patient have dental hardware? (not including fillings) Yes No
6. Does the patient have a ventricular shunt? Yes No
7. Does the patient have a programmable CNS shunt? Yes No
8. Does the patient have a VNS (Vagal Nerve Stimulator)? Yes No
9. Does the patient have cochlear implants? Yes No
10. Does the patient have a cardiac pacemaker? Yes No
11. Does the patient have any metal inside due to surgery or injury? Yes No
12. Does the patient have an artificial heart valve? Yes No
13. Does the patient have any electronic devices such as neurostimulators or infusion pumps? Yes No
14. Does the patient have a tracheostomy or on a ventilator? Yes No
15. Does the patient have an ICD (internal cardiac defibrillator)? Yes No
16. Special requests: _____
17. Is this exam part of a research study? Yes No

Please fax the completed form to Central Scheduling at 414-266-3780.