



RADIOLOGY ORDER SHEET

(Place patient label here if blank, or handwrite Name, DOB, & MRN)

Main Campus, Mahoning Valley, Phone#, Toll Free#, Fax#, Physicians Offices: ***PLEASE Fax Prescription PRIOR to Scheduling***

Go to www.AkronChildrens.org > Services > Departments & Programs > Radiology > Locations for X-Ray Walk-In Hours

Patient Name, Date of Birth, Gender, Legal Guardian, Patient Phone #, Referring Physician, Insurance Company, ICD10 Code, STAT READ REQUESTED, Blood Work Results, Pregnancy Test, Insulin Pump or Glucose Monitor

DIAGNOSTIC RADIOLOGY

- DEXA/Bone Density (Appointment Required), Bone Age (PA Left Hand/Wrist), Skeletal Survey, Chest, Ribs, Abdomen, Baclofen Pump Series, Foreign Body, Shunt Series

- Finger, Hand, Wrist, Forearm, Elbow, Humerus, Shoulder, Clavicle, Toes, Foot, Heel, Ankle, Tib/Fib, Knee, Femur, Pelvis (Lt/Rt)

- C-Spine, C-Spine Flex-Ex, Scoliosis PA Only, Scoliosis PA/Lat, Neck Soft Tissue, L-Spine, T-Spine, Skull, Facial Bones, Nasal Bones, Sinus Series, Mandible, Panorex

FLUOROSCOPY

- UGI, UGI w/Small Bowel, Swallow Study, Esophageal Study, Pharyngeal Study, Colon/Barium Enema, VCUg, Fistulagram/Sinogram, IVP/IVU, G-Tube Study

ULTRASOUND

- Doppler/Duplex, Head (open fontanel, babies < 12 mos), Pylorus (<= 3 mos), Soft Tissues Head & Neck, Thyroid, Breast Limited, Side, Abdomen Ltd., Abdomen Complete (no appendix), LUQ (spleen, Lt. Kidney), RUQ, Renal (includes bladder), Hips w/manip (4 wks to 6 mos), Hips w/o manip (breach in brace), Pelvic (non OB, female only), Transvaginal (sexually active), Scrotum, Spine (sacral dimple <= 12 mos), Extremity

Soft Tissue

- Axilla, Chest, Abd Wall, Pelv Wall, Back, Buttock, Groin (Lt/Rt)

DVT

- Duplex Vein, Upper, Lower (Lt/Rt)

Physician/LIP's Signature, Date, Time



* D I A G N O S I S O R D *

MRI

Sedation Yes No
(All Patients Age 7 & Under)

Contrast w/o w+w/o

- Brain
- Pituitary
- Orbits
- IAC
- TMJ
- Neck
- C-Spine
- T-Spine
- L-Spine
- Chest
- Abdomen/Pelvis
- Pelvis

- Fetal MRI
- Placental MRI

- Upper Extremity Lt Rt
 - Shoulder
 - Upper Arm Wrist
 - Elbow Hand
 - Forearm Fingers

- Lower Extremity Lt Rt
 - Hip
 - Thigh Ankle
 - Knee Joint Foot
 - Lower Leg Toes

- Arthrogram**
 - Shoulder Lt Rt
 - Elbow Lt Rt
 - Wrist Lt Rt
 - Hip Lt Rt

- MRA**
 - Head
 - Neck
 - Abdomen
 - Upper Extremity Lt Rt
 - Lower Extremity Lt Rt

- MRV**
 - Head
 - Abdomen

CT

Sedation No Yes
(All Patients Age 5 & Under w/contrast)

Contrast w/o w

- Head/Brain
- Face
- Sinus
- Mastoid
- Orbits
- Temporal Bones/IAC's
- Soft Tissue Neck (w/contrast)
- Chest
- Abdomen/Pelvis (w/contrast)
- C-Spine
- T-Spine
- L-Spine
- Upper Extremity Lt Rt
- Lower Extremity Lt Rt

CTA (Angio)

- Chest (r/o PE)
- Chest (non PE)
- Abdomen/Pelvis (w/contrast)

NUCLEAR MEDICINE

Sedation Yes No

- Brain
 - Shunt Function
 - SPECT

- Renal
 - DMSA
 - Diuretic-Lasix Mag 3

- GI
 - GER
 - GI Bleed
 - Meckels
 - Gastric Emptying
 - Liquid
 - Solid
 - HIDA
 - CCK
 - Liver/Spleen

- Lung
 - Perfusion

- Bone
 - Whole Body
 - Spect
 - Local
 - 3 Phase

- Whole Body Tumor Imaging
 - I-123 MIBG

- Thyroid
 - I-123 Uptake & Scan
 - I-123 Whole Body Scan
 - I-131 Treatment/Therapy
 - I-131 Whole Body Scan

- Whole Body Scan for Neuro Endocrine Tumors
- GA-68 Dototate
- CU-64 Dototate I-131 PET Brain
- Metabolism

Physician/LIP's Signature

Date Time

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