Texas Children's Hospital®

DEPARTMENT OF RADIOLOGY AUSTIN

Radiology Scheduling: 737-229-3550
Fax: 737-202-2082

☐ ROUTINE
☐ ASAP [PERFORMED WITHIN 2-4 HOURS]
☐ **STAT [LIFE OR LIMB THREATENING; PERFORM IMMEDIATELY]**

☐ IS A CALL REPORT REQUESTED AFTER EXAM IS READ BY THE RADIOLOGIST?
PLEASE PROVIDE PHONE # TO CALL: ____________

PHYSICIAN ORDER FORM

Patient's Name: *Last* *First* *M.I.*

D.O.B.: / / *mm* *dd* *yyyy*

Gender: ☐M ☐F

Home Phone:

Cell Phone:

Address: ____________ *Street Address* ____________ *City* ______ *State* ______ *ZIP*

Guarantor Email:

Insurance/Medicaid Plan:

Policy and Group #:

Authorization #:

Please also fax copy of insurance card front & back with this order

Reason for Exam:*(Signs, Symptoms, Chief Complaint):*

Ordering Physician's Signature:

Office Contact: ____________

Practice Phone: ____________

Backline Phone: ____________

Fax: ____________

Physician Name: ____________

Date/Time signed: ____________

PCP Name (if different): ____________

SPECIAL INSTRUCTIONS: ☐ Schedule for Date/Time: ____________
☐ Send CD with patient ☐ Research Patient
Order Comments: ____________

X-RAY

☐ Neck Soft Tissue
☐ Clavicle, Bilateral [2 views]
☐ Clavicle, Unilateral
☐ Chest [2 views]
☐ Infant Chest w/ Abdomen [< 12 months]
☐ Ribs Unilateral
☐ Ribs Bilateral
☐ Abdomen [1 view]
☐ Abdomen [2 views]
☐ Hip Bilateral [3-4 views]
☐ Shunt Series
☐ Sinuses

☐ Maxillofacial
☐ Skull [< 4 views]
☐ C-Spine [3 views or less]
☐ C-Spine [Flex-Ext]
☐ T-Spine [2 views]
☐ Spine Scoliosis [2 views]
☐ L-Spine [Flex-Ext]
☐ L-Spine [2-3 views]
☐ L-Spine [4+ views]
☐ Skeletal Survey Genetics
☐ Bone Age [Hand and Wrist] [Left Only]
☐ Pelvis

☐ DXA Bone Density
☐ Leg Length [Scanogram]
☐ Shoulder ☐ L ☐ R
☐ Humerus [2 views] ☐ L ☐ R
☐ Forearm [2 views] ☐ L ☐ R
☐ Elbow [3 views] ☐ L ☐ R
☐ Wrist [3 views] ☐ L ☐ R
☐ Hand [3 views] ☐ L ☐ R
☐ Finger(s) Specify ________ ☐ L ☐ R
☐ Toe(s) [3 views] Specify ______ ☐ L ☐ R

☐ Hips ☐ L ☐ R
☐ Femur [2 views] ☐ L ☐ R
☐ Knee [3 views] ☐ L ☐ R
☐ Tibia/Fibula [2 views] ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Foot [3 views] ☐ L ☐ R

FLUOROSCOPY / OTHER

☐ Esophagram
☐ Upper GI [with KUB]
☐ Upper GI [without KUB]
☐ Palate Study
☐ Contrast Enema
☐ Therapeutic Enema
☐ Barium Enema
☐ Cystogram

☐Nasojejunal Placement
☐GI Tube Check
☐Swallow Study w/Speech
☐Voiding Cystourethrogram [VCUG]
☐Hysterosalpingogram (HSG) - Adults Only
☐Upper GI SBFT [espohagus through colon]
☐SBFT (Small Bowel)

MUSCULOSKELETAL

☐ Arthrocentesis: MRI (Arthrogram) ☐ L ☐ R Shoulder/Hip/Knee/Elbow/Wrist/Finger/Toe/Ankle + Injection
☐ Steroid Injection ☐ L ☐ R Shoulder/Hip/Knee/Elbow/Wrist/Finger/Toe/Ankle
☐ Tendon Sheath Injection ☐ L ☐ R Shoulder/Hip/Knee/Elbow/Wrist/Finger/Toe/Ankle
☐ Ganglion Cyst Aspiration ☐ L ☐ R Shoulder/Hip/Knee/Elbow/Wrist/Finger/Toe/Ankle

CT

☐ **Without Contrast** ☐ **With Contrast**

☐ Head
☐ Orbit
☐ Sella
☐ Temporal Bones
☐ Maxillofacial
☐ Soft Tissue Neck
☐ Paranasal Sinus
☐ Paranasal Sinus Fusion
☐ Chest/Abdomen/Pelvis

☐ Abdomen/Pelvis
☐ Hips and Pelvis
☐ 3D Rendering
☐ Abdomen
☐ Chest
☐ Cervical Spine
☐ Lumbar Spine
☐ Thoracic Spine

☐ Shoulder ☐ L ☐ R
☐ Humerus ☐ L ☐ R
☐ Forearm ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Hand ☐ L ☐ R
☐ Finger(s) Specify ________ ☐ L ☐ R
☐ Toe(s) Specify ________ ☐ L ☐ R

☐ Hips ☐ L ☐ R
☐ Femur ☐ L ☐ R
☐ Knee ☐ L ☐ R
☐ Tibia/Fibula ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Foot ☐ L ☐ R

☐ Renal Stone (without contrast)
☐ Urogram (with and without contrast)

CT ANGIOGRAPHY

☐ Head
☐ Neck
☐ Chest/PE
☐ Abdominal Aorta
☐ Abdomen/Pelvis
☐ Upper Extremity Unilateral ☐ L ☐ R
☐ Upper Extremity Bilateral
☐ Lower Extremity Unilateral ☐ L ☐ R
☐ Lower Extremity Bilateral

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PHYSICIAN ORDER FORM - continued

MRI

☐ **Without Contrast** ☐ **With AND Without Contrast**

☐ Brain
☐ Brain Shunt Study
☐ MRI Spectroscopy
☐ BRAIN Functional MRI
☐ Face
☐ IACs
☐ Orbits
☐ Pituitary
☐ Neck
☐ Temporal mandibular joints

☐ Hi-Res Chest
☐ Chest
☐ Cardiac
☐ Cardiac without [Iron Quantification]
☐ Abdomen
☐ Hips and Pelvis (Bony)
☐ Abdomen without [Iron Quantification
☐ Enterography
☐ Cervical Spine
☐ Thoracic Spine

☐ Liver Multiphase (per protocol)
☐ Lumbar Spine
☐ Complete Spine
☐ Brachial Plexus
☐ Shoulder ☐ L ☐ R
☐ Humerus ☐ L ☐ R
☐ Forearm ☐ L ☐ R
☐ Elbow ☐ L ☐ R
☐ Wrist ☐ L ☐ R
☐ Hand ☐ L ☐ R
☐ Finger(s) Specify____________ ☐ L ☐ R

☐ Hips ☐ L ☐ R
☐ Femur ☐ L ☐ R
☐ Knee ☐ L ☐ R
☐ Tibia/Fibula ☐ L ☐ R
☐ Ankle ☐ L ☐ R
☐ Foot ☐ L ☐ R
☐ Toe(s) Specify _____________ ☐ L ☐ R

☐ Pelvis Gyn
☐ Pelvis Male

☐ Fetal
☐ Placenta
☐ Appendix - Pregnant Only

MRA ☐ Brain ☐ Neck ☐ Chest ☐ Abdomen ☐ Pelvis ☐ Extremity [Upper/Lower] ☐ L ☐ R _____________ ☐ Other _____________
MRV ☐ Brain ☐ Neck ☐ Chest ☐ Abdomen ☐ Pelvis ☐ Extremity [Upper/Lower] ☐ L ☐ R _____________ ☐ Other _____________

NUCLEAR RADIOLOGY

☐ Thyroid Scan w/ Uptake-Multi [I-123]
☐ Thyroid Treatment/Ablation [I-131]
☐ Hepatobiliary
☐ Hepatobiliary w/ Gallbladder Ejection Fraction
☐ Gastric Emptying [Liquid]
☐ Gastric Emptying [Solid]
☐ Meckel's Scan
☐ White Blood Cell [WBC]

☐ Bone Scan Whole Body
☐ Bone Scan w/ SPECT
☐ 3 Phase Bone Scan – Specify area _______________
☐ Renogram w/ Pharm [Lasix]
☐ Renal Imaging [DMSA; under 12 months]
☐ Cystogram
☐ Octreotide
☐ GFR

☐ Perfusion Only
☐ Lung Scan Perfusion Particulate
☐ MIBG
☐ PET F-DOPA
☐ Gastroesophageal Reflux
☐ GI Bleed
☐ Lymphoscintigraphy
☐ PET/CT ☐ Brain ☐ Whole Body

ULTRASOUND

☐ Abdomen Complete
☐ Abdomen Complete w/ Doppler
☐ Abdominal Abscess, Fluid Collections
☐ Abdominal Wall
☐ Appendix - Pedi Only
☐ Breast Unilateral, Limited ☐ L ☐ R
☐ Carotid Doppler, Bilateral
☐ Carotid Doppler, Unilateral ☐ L ☐ R
☐ Chest Effusion
☐ Diaphragm
☐ Doppler Aorta, Inferior Vena Cava
☐ Female Pelvis w/ Doppler
☐ Female Pelvis w/o Doppler

☐ Head Neck Soft Tissues
☐ Head Neonatal
☐ Infant Hips w/ Manipulation
☐ Infant Hips w/o Manipulation
☐ Intussusception
☐ Joint Effusion
☐ Renal Complete
☐ Renal Limited
☐ Renal Doppler
☐ Right Upper Quadrant w/ Doppler
☐ Right Upper Quadrant Gallbladder
☐ Scrotum and Testicles w/ Doppler
☐ Scrotum and Testicles w/o Doppler

☐ Penile Doppler
☐ Pylorus
☐ Soft Tissue Extremity
☐ Soft Tissue Lower Back and Buttocks
☐ Soft Tissue Torso
☐ Spinal Canal and Contents
☐ Thyroid
☐ Transplanted Kidney w/ Doppler
☐ Transplanted Kidney w/o Doppler

☐ Upper Extremity Arterial Doppler, Bilateral
☐ Upper Extremity Arterial Doppler, Unilateral ☐ L ☐ R
☐ Upper Extremity Venous Doppler, Bilateral
☐ Upper Extremity Venous Doppler, Unilateral ☐ L ☐ R
☐ Lower Extremity Arterial Doppler, Unilateral ☐ L ☐ R
☐ Lower Extremity Arterial Doppler, Bilateral
☐ Lower Extremity Venous Doppler, Unilateral ☐ L ☐ R
☐ Lower Extremity Venous Doppler, Bilateral

ADULT ULTRASOUND

PELVIC

☐ Adult Pelvis Transvaginal and Transabdominal
☐ Adult Pelvis IUD Check (w/3D)
☐ Breast Unilateral, Limited (for abscess only) ☐ L ☐ R
☐ Pregnancy 1st Trimester Transabdominal and Transvaginal
☐ Pregnancy 1st Trimester Multiples
☐ Pelvis Transabdominal and Transvaginal with Sonohysterogram
☐ Sonohysterogram

☐Other ______________________________

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Texas Children's Hospital
North Austin Campus
Radiology Department
9835 North Lake Creek Parkway
Austin, TX 78717
Phone: 737-229-2005
Location Info / Map >>

Texas Children's Hospital
Austin Specialty Care [X-Ray Only]
Radiology Department
8611 North MoPac Expressway, Suite 300
Austin, TX 78717
Phone: 737-220-8200