



A member of Children's Hospital and Health System.

OUTPATIENT RADIOLOGY ORDER

PATIENT LABEL

All orders, except General Radiology, must be faxed prior to scheduling an appointment: Non-Surgical Patient: (414) 607-5288 • Surgical Patient: (414) 266-3378

Boxed areas indicate required information

Patient Name: _____ (Last) (First) (MI)	Medical Record #: _____ (If known)
Visit #: _____ (If known)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____	Order Date: ____/____/____ (Month / Day / Year)
	Time: _____

Providers/Physician Offices: An important message from Children's Hospital of Wisconsin

Children's Hospital of Wisconsin would like to remind providers that we will not accept diagnosis(es) that include the terms "probable", "possible", "suspected", "rule out", "questionable" when ordering diagnostic services for your patient. Instead, Children's Hospital of Wisconsin requires that you document the patient's signs & symptoms to the highest degree of specificity known. **This should include signs and symptoms, abnormal test results or other reasons for the tests.**

Diagnosis(es) or Signs/Symptoms: _____
Additional Clinical Instructions: _____
PMD Name _____
Ordering Provider Name (Please print) _____
Telephone Number: _____
Provider Signature: _____
Date: _____

General Radiology For questions call (414)-266-3628.

- Chest
- Spine - Specify region _____
- Skull
- Extremity - Right or Left - Specify region _____
- Abdomen
- Other - Specify region _____

Fluoroscopy To schedule, call Central Scheduling at (414)-607-5280.

- Upper GI (Stomach)
- Upper GI with small bowel
- Colon (Barium enema)
- VCUG
- Other _____

CT Scan - Specify Body Part To schedule, call Central Scheduling at (414)-607-5280.

- CT Scan of _____
- Check one:** With Contrast Without Contrast With & W/O Contrast CHW radiologist to determine

Nuclear Medicine To schedule, call Central Scheduling at (414)-607-5280.

- Nuclear Medicine scan of _____

PET/CT Scan To schedule, call Central Scheduling at (414)-607-5280.

- Brain
- Whole Body
- Eyes to Thighs
- Cardiac

MRI/MRA Scan - Specify Body Part To schedule, call Central Scheduling at (414)-607-5280.

- MRI Scan of _____
- Check one:** With Contrast Without Contrast With & W/O Contrast CHW radiologist to determine
- MRA Scan of _____
- Check one:** With Contrast Without Contrast With & W/O Contrast CHW radiologist to determine
- Other instructions _____

Ultrasound To schedule, call Central Scheduling at (414)-607-5280.

- Renal
- Head
- Testicular
- Abdomen
- Doppler - Specify region _____
- Other - Specify region _____

Interventional - To schedule, call (414) 266-3152.

(For example: PICC line placement, liver biopsies, angiograms and spinal taps.)

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.

