Children's Hospital of Wisconsin®

A member of Children's Hospital and Health System.

OUTPATIENT IMAGING (RADIOLOGY) ORDER

PATIENT LABEL

1 NUMBER 1 CALL 3 LOCATIONS.

Imaging Services located at Milwaukee, New Berlin and Greenfield. All orders except General Radiology must be faxed prior to scheduling an appointment. Phone: (414)607-5280 Fax: (414)266-3780

Patient Name:_____ Female ☐ Male ☐

Date of Birth: _____ Order Date: _____ /_____ /_____ Time: _____

Diagnosis/Reason for Exam: _____

_____

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

Children's Hospital of Wisconsin reminds providers that we will not accept diagnosis(es) that include the terms "probable", "possible", "suspected", "rule out", "questionable" when ordering diagnostic services.

General Radiology - No appointment needed - Walk-ins welcome (Available at all 3 locations)

☐ Chest ☐ Skull ☐ Abdomen ☐ Extremity - Right or Left - Specify region _____

☐ Spine - Specify region _____ ☐ Other - Specify region _____

Fluoroscopy (Available at Main Campus and New Berlin Clinic)

☐ Upper GI (Stomach) ☐ Upper GI with Small Bowel ☐ Colon (Barium Enema) ☐ VCUG

☐ Other _____

***CT Scan - Specify Body Part** (Available at Main Campus and New Berlin Clinic)

☐ CT Scan of _____

Check one: ☐ With Contrast ☐ Without Contrast ☐ With & W/O Contrast ☐ CHW radiologist to determine

Nuclear Medicine (Available at Main Campus ONLY)

☐ Nuclear Medicine Scan of _____

***PET/CT Scan** (Available at Main Campus ONLY)

☐ Brain ☐ Whole Body ☐ Eyes to Thighs ☐ Cardiac

***MRI/MRA Scan - Specify Body Part** (Available at Main Campus and New Berlin Clinic)

☐ MRI Scan of _____

Check one: ☐ With Contrast ☐ Without Contrast ☐ With & W/O Contrast ☐ CHW radiologist to determine

☐ MRA Scan of _____

☐ Other instructions _____

Ultrasound (Available at Main Campus and New Berlin Clinic)

☐ Renal ☐ Head ☐ Testicular ☐ Abdomen

☐ Doppler - Specify region _____ ☐ Other - Specify region _____

Interventional Radiology - To schedule, call (414) 266-3152 (Available at Main Campus ONLY)
(For example: PICC line placement, biopsies, angiograms and lumbar puncture.)

☐ Call results to _____

Additional Clinical/Special Instructions: _____

PMD Name: _____

Ordering Provider Name (Print)_____ Phone Number:_____

Provider Signature: _____ Date: _____ Time **(Required)**: _____

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