



Outpatient Diagnostic and/or Rehab Services Order

PATIENT LABEL

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

Shaded areas indicate required information

Patient Name: (Last) (First) (MI) Medical Record #: (If known) Visit #: (If known) Gender: Male Female Date of Birth: Order Date: Time: Month / Day / Year

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:

CARDIOLOGY

- Echocardiogram, EKG, Fetal Echo, Stress Test, Tilt Table Study, Other

NEURO-DIAGNOSTIC

- Evoked potential (Auditory, Visual), EEG\*, NCV Alone, REP Stimulation, Somatosensory - Upper/Lower Extremity, EMG/NCV\*, Other

\* Patient last history and physical required for:

- EMG/NCV if patient is <= 5 years, EEG if patient sedation is needed

PULMONARY FUNCTION

- Spirometry \*\*, Positional Spirometry \*\*, Diffusion capacity, Lung Volume\*\*, Pre-post Bronchodilator Spirometry\*\*, Maximal Respiratory Pressure (PI Max & PE Max)

\*\* CHW policy - may include the administration of a bronchodilator with these tests

- Methacholine Challenge\*\*\*, Exercise Challenge\*\*\*, Cold Air Challenge\*\*\*

\*\*\* CHW policy - includes the administration of a bronchodilator to complete these tests

- Six Minute Walk, Airway Resistance, Exercise Physiology with Gas Exchange (CPX), Infant Pulmonary Function (Requires Pulmonary MD consult), Other, Resting Metabolic Study, Exhaled Nitric Oxide Analysis (FENO)

REHABILITATIVE SERVICES

- Audiology (Evaluation, Treatment), Speech/Language (Evaluation, Treatment), Pathology (Evaluation, Treatment), Occupational Therapy (Evaluation, Treatment), Physical Therapy (Evaluation, Treatment)

ANESTHESIA

- Pre-operative Eval Clinic, Date of Pre-op Eval:

ESOPHAGEAL pH PROBE

- Ambulatory, 23 hour inpatient stay (H&P must be completed and faxed to 414-266-2109), Continue medications as listed, Discontinue medications as listed, hours prior to pH probe study

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.

