Texas Children's Hospital®

**DEPARTMENT OF RADIOLOGY**
**PEDIATRIC**

**Central Scheduling Phone: 832-TC4-XRAY [832-824-9729]**
Fax: 832-825-5306

☐ 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*

Home Phone:

Cell Phone:

Address: _____ _____ _____ _____
*Street Address* *City* *State* *ZIP*

Guarantor Email:

Insurance/Medicaid Plan:

Policy & 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:

Physician Name: _____

Date/Time signed: _____

PCP Name (if different): _____

Office Contact: _____
Practice Phone: _____
Backline Phone: _____
Fax: _____

**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

☐ Skull [< 4 views]
☐ C-Spine [3 views or less]
☐ C-Spine [Flex-Ext]
☐ T-Spine [2 views]
☐ Spine Scoliosis [2 views]
☐ EOS Spine Scoliosis **[Main & Woodlands]**
☐ 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) [2 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 Studt
☐ Contrast Enema
☐ Therapeutic Enema
☐ Upper GI SBFT [espohagus through colon]
☐ Nasojejunal Placement
☐ GI Tube Check
☐ Swallow Study w/Speech
☐ Voiding Cystourethrogram [VCUG]

## 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

## ULTRASOUND

☐ Abdomen Complete
☐ Abdomen Complete w/ Doppler
☐ Abdominal Abscess, Fluid Collections
☐ Abdominal Wall
☐ Appendix
☐ Breast Unilateral, Limited ☐ L ☐ R
☐ Carotid Doppler, Bilateral
☐ Carotid Doppler, Unilateral ☐ L ☐ R
☐ Chest Effusion
☐ Diaphragm
☐ Doppler Aorta, Inferior 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
☐ 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

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## ORDERS FOR ADVANCED IMAGING



### CT

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

- ☐ Head
- ☐ Orbit
- ☐ Temporal Bones
- ☐ Maxillofacial
- ☐ Soft Tissue Neck
- ☐ Paranasal Sinus
- ☐ Paranasal Sinus Fusion
- ☐ Chest/Abdomen/Pelvis
- ☐ Hips and Pelvis
- ☐ Abdomen/Pelvis
- ☐ 3D Rendering
- ☐ Abdomen
- ☐ Chest
- ☐ Lumbar Spine
- ☐ Thoracic Spine
- ☐ Cervical 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

### 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

### MRI

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

- ☐ Brain
- ☐ Brain Shunt Study
- ☐ MRI Spectroscopy
- ☐ BRAIN Functional MRI
- ☐ Face
- ☐ IACs
- ☐ Orbits
- ☐ Pituitary
- ☐ Neck
- ☐ Temporal mandibular joints
- ☐ Chest
- ☐ Cardiac
- ☐ Cardiac Stress
- ☐ Cardiac without [Iron Quantification]
- ☐ Abdomen
- ☐ Hips and Pelvis
- ☐ Abdomen without [Iron Quantification
- ☐ Enterography
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ 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

**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
- ☐ GFR
- ☐ Octreotide
- ☐ Quantitative Differential Pulmonary Perfusion & Vent w/ Image
- ☐ Lung Scan Perfusion Particulate
- ☐ MIBG
- ☐ PET F-DOPA
- ☐ Myocardial Rest/Stress
- ☐ Gastroesophageal Reflux
- ☐ GI Bleed
- ☐ Lymphoscintigraphy
- ☐ PET/CT ☐ Brain ☐ Whole Body

### INTERVENTIONAL RADIOLOGY

- ☐ Angio Specify _____
- ☐ Veno Specify _____
- ☐ Radiofrequency Ablation [RFA]
- ☐ Interventional Radiology Consult
- ☐ Cryoablation
- ☐ **Biopsy**
  - ☐ Pleura
  - ☐ Renal
  - ☐ Liver Percutaneous
  - ☐ Bone Deep/Superficial
  - ☐ Thyroid
  - ☐ Lung
- ☐ IVC Filter Placement/Removal
- ☐ Cholangiogram
- ☐ Angioplasty [Peripheral/Visceral]
- ☐ Lumbar Puncture
- ☐ Hemorrhage/Lymphatic Embolization [Sclero]
- ☐ Fine Needle Aspiration
- ☐ Whitaker Test
- ☐ Biliary Drain [Cholangiogram] Placement/Removal
- ☐ Inferior Vena Cavagram
- ☐ Embolization Specify _____
- ☐ Cerebral Angiogram Bilateral/Single
- ☐ Cerebral Interventions Bilateral/Unilateral
- ☐ Chest Drain
- ☐ GJ Tube Conversion
- ☐ GJ Tube Exchange
- ☐ Sialogram
- ☐ Tunnel Port Placement/Removal
- ☐ Thoracentesis
- ☐ Paracentesis
- ☐ Retroperitoneal Drain [Transvaginal or Transrectal]
- ☐ Ureteral Stent Placement/Removal
- ☐ Central Line Placement/Removal
- ☐ PICC ☐ L ☐ R
  - ☐ Exchange
  - ☐ Placement
  - ☐ Removal
  - ☐ Reposition
  - ☐ Tunnel
- ☐ Nephrogram
- ☐ Catheter Exchange, Nephrostomy
- ☐ Drain Placement, Nephrostomy

**Main Campus *(in the Texas Medical Center)***

**Mark A. Wallace Tower**
6701 Fannin Street
Houston, TX 77030

**West Tower**
6621 Fannin Street
Houston, TX 77030

**Legacy Tower**
6651 Main Street
Houston, TX 77030

**Community Hospitals**

**West Campus**
18200 Katy Freeway
Houston, TX 77094

**The Woodlands**
17600 Interstate 45 S
The Woodlands, TX 77384

**Specialty Care**

**Clear Lake**
***(X-RAY & ULTRASOUND)***
940 Clear Lake City Blvd., Suite 200
Webster, TX 77598

**Cy-Fair**
***(X-RAY & ULTRASOUND)***
11777 FM 1960 West
Houston, TX 77065

**Sugar Land**
***(X-RAY & ULTRASOUND)***
15400 Southwest Freeway, Suite 100
Sugar Land, TX 77478

**Kingwood Glen**
***(X-RAY & ULTRASOUND)***
19298 West Lake Houston Pkwy., Suite 110
Humble, TX 77346

**Upper Kirby**
***(X-RAY & ULTRASOUND)***
3023 Kirby Drive, Suite 201
Houston, TX 77098

**Bellaire**
***(X-RAY only)***
6330 West Loop South, Suite 300
Bellaire, TX 77401