Texas Children's	DEPARTMENT OF RADIO	LOGY – Pavilion f	or Women		Central	Schedu	ling Phone: 8	332-TC4-XRAY [83		
Hospital"	Hospital" ADULT ROUTINE Pavilion ASAP [PERFORMED WITHIN 2-4 HOURS]				Fax: 832-825-5306 I IS A CALL REPORT REQUESTED AFTER EXAM IS READ BY THE RADIOLOGIST? PLEASE PROVIDE PHONE # TO CALL:					
for Women	STAT [LIFE OR LIMB THREA	TENING; PERFORM IMI	MEDIATELY]							
PHYSICIAN OR	DER FORM								Page 1 of 2	
Patient's Name:										
Last				First					M.I.	
D.O.B.:	/ /	Home Phone:					Cell Phone:			
mm	dd yyyy									
Address:										
Street Ad	dress					City		State Zip		
Guarantor Email:										
Insurance/Medica	aid Plan:			Policy & Group #:						
Authorization #:				Please also fax copy of insurance card front & back with this order						
Reason for Exam (Signs, Symptom Chief Complaint):	S,									
Ordering Physician's Signature:					Office Contact:					
				Practice Phone: Backline Phone:						
Physician Name:					Fax:					
Date/Time signed	Date/Time signed:				SPECIAL INSTRUCTIONS: Schedule for Date/Time: Send CD with patient					
PCP Name (if diff	erent):									
□ Adult Pelvis IUD Check (w/ 3D) □ Preg □ Adult Pelvis Infertility (w/ 3D) □ Pelvis Complete (Transabdominal only) □ SOFT □ □ Pelvis Transvaginal and Transabdominal with Sonohysterosonogram □ Soft □ □ Soft Tissue (Vulva) □ Soft				e Head E Lowel Torso	nester Multip Neck Back and Bu	les uttocks	& Transvaginal)			
Abdomen Complete Lowe Right Upper Quadrant (Gallbladder) Lowe Abdomen Complete w/ Doppler Uppe Right Upper Quadrant w/ Doppler Uppe Abdominal Abscess, Fluid Collection Caroon Renal Complete SMALL Appendix Breas Doppler Aorta, Inferior Vena Cava Thyrr Abdominal Wall Scrother			VASCULAR Lower Extremity Venous Doppler Unilateral L R Lower Extremity Venous Doppler Bilateral Upper Extremity Venous Doppler Unilateral L R Upper Extremity Venous Doppler Bilateral Carotid Doppler SMALL PARTS Breast Unilateral, Limited (for abscess only) L R Thyroid							
			□ Scrotum							
X-RAY	🗆 Left 🛛 Right									
 Skull [> 4 views] Shoulder Sinuses Maxillofacial Neck Soft Tissue C-Spine [1] 2-3 vi C-Spine [Flex-Ext] Forearm T-Spine L-Spine 2-3 vi 	iews □ Complete]	 □ Finger(s)-Specify □ Clavicle Complete □ Abdomen AP [KUB] □ Abdomen 2V □ Chest □ Ribs □ Humerus □ Elbow □ Tibia/Fibula □ Wrist] Femu	🗆 Hip		ecify	DXA Bone Den	sity	



DEPARTMENT OF RADIOLOGY – Pavilion for Women ADULT

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

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

for Women

PHYSICIAN ORDER FORM

СТ	UWithout Contrast	U With Contrast							
 ☐ Head/Brain ☐ Orbit ☐ Sella ☐ Temporal Bones ☐ Maxillofacial ☐ Soft Tissue Neck ☐ Sinus ☐ Sinus Fusion 	□ Cervical Spine □ Thoracic Spine □ Lumbar Spine □ Hi-Res Chest □ Chest □ Chest/Abdomen/ □ Liver Multiphase	Pelvis	Renal Stone (withou Urogram (without an Upper Extremity	d with contrast) □ L □ R □ L □ R	NGIOGRAPHY Head (per protocol) Neck (with contrast) Chest/PE (with contrast) Chest/Abdomen/Pelvis (with contrast) Upper Extremity □ L □ R Lower Extremity □ L □ R				
MRI	Without Contrast	With AND Without	Contrast						
Neurologic Brain Brachial Plexus Cervical Spine Thoracic Spine Lumbar Spine Face IACs Orbits Pituitary Neck Temporal mandibu	□ Lower Extremity □ Upper Extremity □ Lower Extremity □ Hips	Bone Bone Joint Joint		Body ☐ Abdomen ☐ Chest ☐ Cardiac ☐ Fetal ☐ Pelvis (Gyn)	(Specify)				
MRA 🛛 Brain MRV 🔅 Brain MRA 🔅 Brain MRV 🔅 Brain	□ Neck □ Chest □ □ Neck □ Chest □	Abdomen Pelvis Abdomen Pelvis Abdomen Pelvis Abdomen Pelvis	□ Extremity [Uppe □ Extremity [Uppe	er/Lower] er/Lower] er/Lower] er/Lower]	□ Other □ Other				
FLUOROSCOPY									
□ Hysterosalpingogram (HSG) □ VCUG □ Arthrogram – Large Joint [Shoulder, Hip] □ L □ R □ Esophagram □ Cystogram □ Arthrogram – Medium Joint [Knee, Elbow] □ L □ R □ Swallow Function Study □ Arthrogram – Small Joint [Ankle, Wrist, Digits] □ L □ R □ SBFT (Small Bowel) □ Steroid Injection – Large Joint [Shoulder, Hip] □ L □ R □ Upper GI □ Steroid Injection – Medium Joint [Knee, Elbow] □ L □ R □ Barium Enema □ Steroid Injection – Small Joint [Ankle, Wrist, Digits] □ L □ R									
INTERVENTIONAL R	ADIOLOGY								
Biopsy / FNA D Thyroid Other _ PICC Placement/R Single Apheresis Catheter	emoval 🗖 L 🗖 R 🗆 Double	 Port Placement/Rer Drain Placement/Re Nephrostomy Place Paracentesis Thoracentesis Aspiration 		R Inte	mbar Puncture erventional Consult ner				
Main Campus [in the Texas Medical Center] Pavilion for Women 6651 Main Street, 4 th floor Houston, TX 77030									
Parking Options: • Park in Garage 21 (located underneath the Pavilion for Women building) • Take the elevators to the 4 th floor • Go straight past a set of elevators and make a left • Walk past the wall of windows and you will see Women's Radiology on the right									
Directions from the Lobby/Valet: • Take the first set of elevators to the 4 th floor • Exit the elevator and walk down the hall of windows • Women's Radiology will be on the right hand side near escalators									
 Directions from West Tower: Take elevator to third floor Use the bridge connection west tower to Pavilion for Women Take the escalator up to the fourth floor(Escalators will be before you get to the Starbucks) Women's Radiology will be directly in front of the escalators 									