



Children's
Wisconsin

**OUTPATIENT
IMAGING (RADIOLOGY)
ORDER**

PATIENT LABEL

1 NUMBER 1 CALL 6 LOCATIONS.

Imaging Services located at Milwaukee, New Berlin, Greenfield, Mequon, Delafield and Kenosha. 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: _____ Patient Phone Number: _____
 Expected Date: ____/____/____ Order Date: ____/____/____ Time: _____
 Diagnosis/Reason for Exam: _____

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

Children's 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 6 locations)

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

Fluoroscopy (Available at Milwaukee, New Berlin and Mequon)

- Upper GI (Stomach) Upper GI with Small Bowel Colon (Barium Enema)
 VCUG → With UA and Urine Cx Other _____

***CT Scan - Specify Body Part** (Available at Milwaukee only)

- CT Scan of _____
Check one: With Contrast Without Contrast CW radiologist to determine

Nuclear Medicine (Available at Milwaukee ONLY)

- Nuclear Medicine Scan of _____

***PET/MRI Scan** (Available at Milwaukee ONLY)

- Brain Brain → EEG Whole Body Eyes to Thighs

***MRI/MRA Scan - Specify Body Part** (Available at Milwaukee, New Berlin and Mequon)

- MRI Scan of _____
Check one: With Contrast Without Contrast With & W/O Contrast CW radiologist to determine
 MRA Scan of _____
 PLEASE COMPLETE MRI ORDER QUESTIONS ON PAGE 2 FOR ALL MRI/PET MRI STUDIES.

Ultrasound (Available at Milwaukee, New Berlin, Mequon, Delafield and Kenosha)

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

Interventional Radiology - To schedule, call (414) 266-3152 (Available at Milwaukee 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: _____
 If Ordering Provider is a PA/NP, authorizing physician name: _____
 Provider Signature: _____ Date: _____ Time **(Required)**: _____

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



Patient Name: _____

DOB: _____

1. Reason for exam: _____

2. Signs and Symptoms: _____

3. Allow radiologist discretion if contrast imaging is needed: Yes No4. Is exam to be performed on the 3T Scanner? Yes No , If Yes, reason _____

The MRI Department may contact you for additional information to assist in scheduling the exam/s if answering yes to any of the following questions.

5. Does the patient have dental hardware? (not including fillings) Yes No6. Does the patient have a ventricular shunt? Yes No
Does the patient have a programmable CNS shunt? Yes No7. Does the patient have a VNS (Vagal Nerve Stimulator)? Yes No8. Does the patient have cochlear implants? Yes No9. Does the patient have a cardiac pacemaker? Yes No10. Does the patient have any metal inside due to surgery or injury? Yes No11. Does the patient have an artificial heart valve? Yes No12. Does the patient have any electronic devices such as neurostimulators or infusion pumps? Yes No13. Does the patient have a tracheostomy or on a ventilator? Yes No14. Does the patient have an ICD (Internal cardiac defibrillator)? Yes No

15. Special requests: _____

16. Is this exam part of a research study? Yes No

Please fax the completed form to Central Scheduling at 414-266-3780.