



Outpatient Diagnostic and/or Rehab Services Order

PATIENT LABEL

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

Boxed areas indicate required information

Patient Name: (Last) (First) (MI) Medical Record #: (If known) Patient Phone #: Gender: Male Female Date of Birth: Order Date MM/DD/YYYY Time:

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

Children's 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 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: Time:

CARDIOLOGY

- Holter Monitoring Other EKG Event Monitoring

NEURO-DIAGNOSTIC

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

* Please fax patient last history and physical along with this form

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

REHABILITATIVE SERVICES

- Audiology Evaluation Treatment Speech/Language Pathology Speech Evaluation Speech Treatment Concerns Feeding Evaluation Feeding Treatment Concerns Occupational Therapy Evaluation Treatment Physical Therapy Evaluation Treatment

ANESTHESIA

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

PULMONARY FUNCTION

- Spirometry Pre/Post Bronchodilator Spirometry* Positional Spirometry Lung Volumes Diffusion Capacity Exhaled Nitric Oxide Analysis (FENO) 6-minute Walk Test (6MWT) Maximal Respiratory Pressures (PI Max & PE Max) Methacholine Challenge* Exercise Challenge* Exercise Physiology with Gas-Exchange (CPX) Cold Air Challenge* Resting Metabolic Study

* Includes the administration of a bronchodilator

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.