



Physician Diagnostic Order Form

Patient information

Patient's full name (first, middle and last): _____ Patient's date of birth: _____

Parent/guardian's home or cellphone number: _____ Work phone number: _____

Ordering physician: _____ Special instructions: _____

Important patient information

If you are not the parent of the child, you must bring proof of court-appointed guardianship/custody papers with you. The test or procedure will be canceled if you do not have this information with you.

Please arrive at outpatient registration at least 20 minutes before your child's scheduled test unless otherwise instructed. If your child needs to be sedated, please arrive one hour before the scheduled time. If your child is receiving an MRI, please bring the completed Pediatric MRI Routing Checklist & Sedation Screening form to your appointment.

For more details and preregistration information, visit NortonChildrens.com/Diagnostics.

Radiology

- ☐ Barium enema (colon study)*
- ☐ Esophagram*
- ☐ EOS scan
- ☐ MBSS (modified barium swallow study) with speech therapy*
- To schedule, call **(502) 629-7171**.
- ☐ Small bowel follow through (SBFT)*
- ☐ UGI*
- ☐ UGI with SBFT*
- ☐ VCU*
 - ☐ With sedation
 - ☐ Culture
 - ☐ Urinalysis
- ☐ IVP*
- ☐ IVP with VCU*
- ☐ CT scan*, specify: _____
 - ☐ With sedation
 - ☐ With contrast
 - ☐ Without contrast
- ☐ MRI*, specify: _____
 - ☐ With sedation
 - ☐ With contrast
 - ☐ Without contrast
- ☐ Ultrasound*, specify: _____
- ☐ X-ray, specify: _____
- ☐ Chest X-ray
- ☐ Other: _____

Gastric testing

- ☐ pH probe*
- ☐ Other: _____

Cardiology

- ☐ Echocardiogram
 - ☐ With sedation
- ☐ EKG
- ☐ Holter monitor
- ☐ Stress test*
- ☐ Other: _____

Nuclear medicine

- ☐ Bone scan*
 - ☐ With sedation
 - ☐ With SPECT study
- ☐ DMSA*
 - ☐ With sedation
- ☐ Gastric emptying scan*
- ☐ Gastric reflux study*
- ☐ GFR renal scan*
- ☐ Hepatobiliary scan*
 - ☐ With sedation
 - ☐ With CCK
 - ☐ Without CCK
- ☐ I-123 MIBG scan*
 - ☐ With sedation
- ☐ I-123 thyroid scan and uptake*
 - ☐ With sedation
- ☐ Meckel's scan*
 - ☐ With sedation
- ☐ MIBG*
 - ☐ With sedation
- ☐ Nuclear cysto (VCU)*
- ☐ PET-CT
 - ☐ With sedation
- ☐ Renal scan*
 - ☐ With sedation
 - ☐ With Lasix
 - ☐ Without Lasix

- ☐ Renal scan (DMSA)*
 - ☐ With sedation

- ☐ Tc 99m thyroid scan*

- ☐ With sedation

- ☐ Other: _____

Neurodiagnostics

- ☐ BAEP (BAER)*
- ☐ EEG*
 - ☐ With sedation
- ☐ EEG (sleep deprived)*
- ☐ EEG (extended) _____ 4hr _____ 6hr*
- ☐ EMG/NCV, specify: _____*
 - ☐ With sedation
- ☐ HVE*
- ☐ OCT (fundus)*
- ☐ SMU
- ☐ SSEP (upper)*
- ☐ SSEP (lower)*
- ☐ VEP*
- ☐ Other: _____

Noninvasive vascular lab

- ☐ Specify: _____

Respiratory testing

- ☐ Pulmonary function*
 - ☐ With sedation
- ☐ ABG
- ☐ Other: _____

Audiology

- ☐ Sedated ABR* (auditory brainstem response evaluation)/audiological evaluation

Therapies

To schedule, call **(502) 629-7171**.

- ☐ Physical therapy evaluation and treatment: _____
- ☐ Occupational therapy evaluation and treatment: _____
- ☐ Speech therapy evaluation and treatment: _____

* This test requires special preparations or advanced scheduling. For an MRI please complete the Pediatric MRI Routing Checklist & Sedation Screening

Scheduling: **(502) 629-6200**

Date: _____ Time: _____

Location: _____

For physician use only

Preauthorization number (if applicable): _____

Orders may be faxed to **(502) 394-3636** • Precertification fax number: **(502) 485-4801**

Ordering physician is responsible for obtaining precertification, if needed, by 2 p.m. two business days prior to procedure.

Definite diagnosis, signs and symptoms and/or ICD code (must be completed; do not use R/O, possible or evaluate)

Physician's signature: _____ Order date: _____

Pediatric MRI Routing Checklist & Sedation Screening

Patient Evaluation for MRI with Procedural Sedation

Date:

Patient's full name (first, middle and last):

Date of Birth:

SECTION 1:

1. My child is at least 6 years of age, can follow simple instructions and can be still for 1-2 minutes at a time for 30 minutes: YES NO

2. My child has completed an MRI in the past without sedation or anesthesia: YES NO

If 'yes' response to questions #1 or #2: Sedation is not needed; do not complete section 2.

SECTION 2 (Check all that apply):

My child

Was born after 36 weeks and is under 2 months old

Was born before 36 weeks and is less than 8 months old now

My child's anesthesia history includes

Malignant hyperthermia in the patient or family member

Difficult intubation (difficulty placing a breathing tube)

My child has

Head/neck abnormality such as Treacher Collins, Goldenhar Syndrome or Pierre Robin

Uncontrolled Seizures (daily seizures or increase in seizures)

Muscular Dystrophy

My child has a history of the following breathing problems

Cystic fibrosis

Severe snoring or obstructive sleep apnea

Use of CPAP, BIPAP, ventilator, or home oxygen

My child has a heart history of

Pacemaker, defibrillator, abnormal heart rhythm, heart failure, or major heart defect

Use of lisinopril, digoxin, or flecanide

High blood pressure

My child has kidney/endocrine issues that include

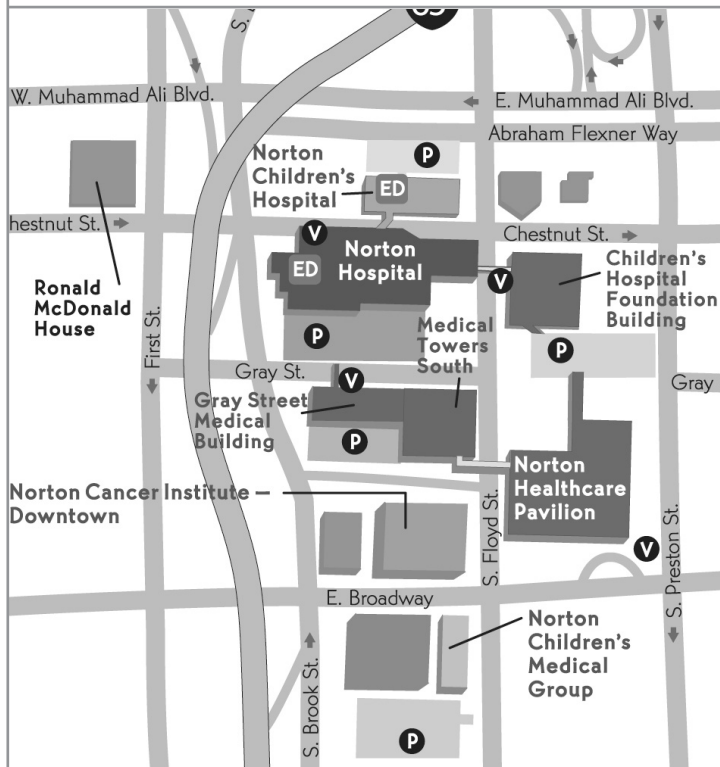
Dialysis, kidney failure

Diabetes

Severe obesity

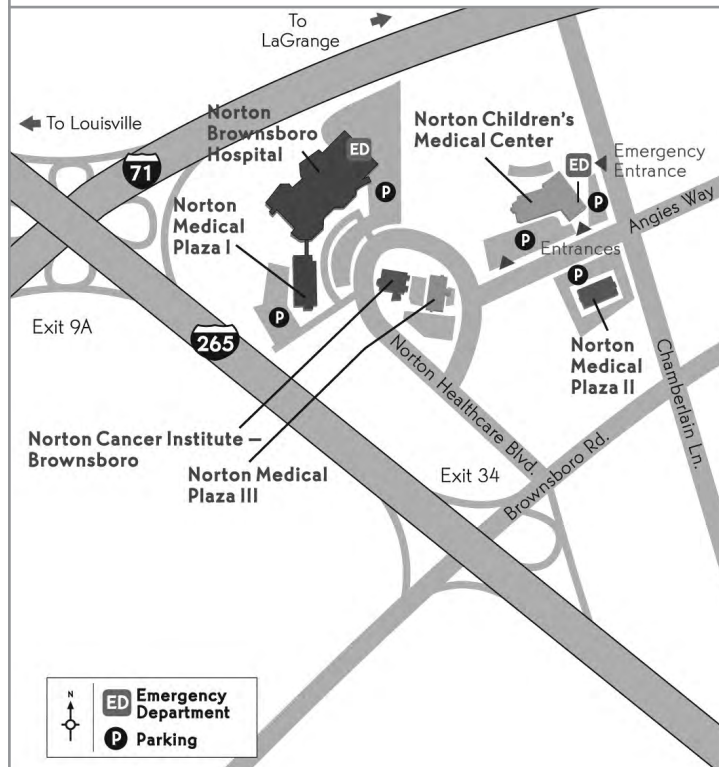
Norton Children's Hospital

231 E. Chestnut St.
Louisville, KY 40202



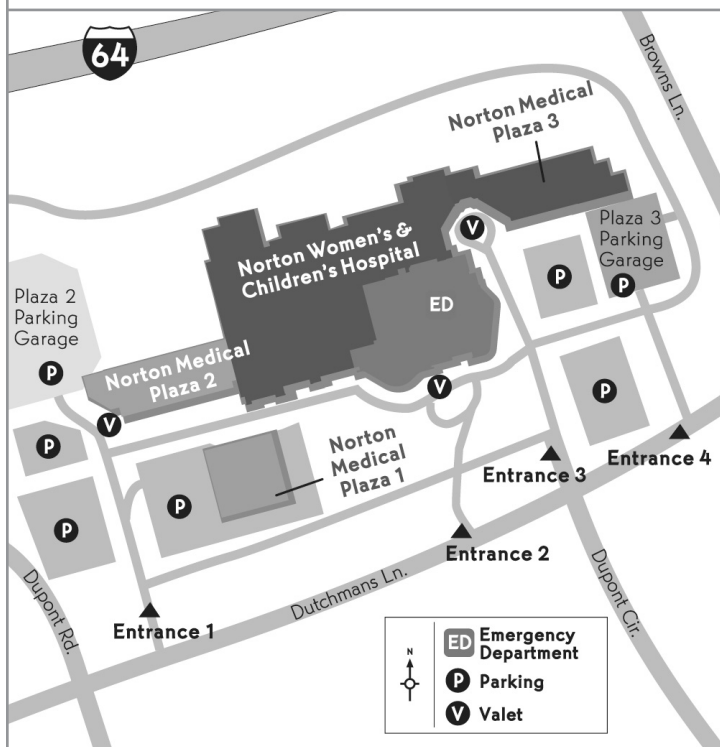
Norton Children's Medical Center

4910 Chamberlain Lane
Louisville, KY 40241



Norton Women's & Children's Hospital

4001 Dutchmans Lane
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Novak Center for Children's Health

411 E. Chestnut St.
Louisville, KY 40202

