EAST TENNESSEE Children's Hospital

Office staff calls (865) 541-8116 to Schedule Exams
PLEASE fax completed order to Admitting at (865) 541-8289
Please register at outpatient registration with your order.
M-F 6a-9p Sat-Sun 6a-7p | Located across from the gift shop.

Radiology Outpatient Orders

Patient's Last Name **First Name** **Initial** **DOB**

Primary Insurance: _____
Pre Authorization #: _____ **Expiration Date:** _____
(If not provided, exam may be delayed or rescheduled)

Fluoroscopy:

☐ UGI
☐ Small Bowel Follow Through (SBFT)
☐ Contrast Enema (CE)
☐ Esophagram
☐ Modified Barium Swallow
☐ Tube Placement: ___NJ ___ GJ
Other:

☐ Tube Check: ___NJ ___ GJ
☐ VCUG – Obtain urine specimen
UA _____ CS _____ SEDATION _____
☐ Urodynamics
☐ Joint Injection
☐ Lumbar Puncture
Reason For Exam:

Arrival Time:_____
Appt. Date:_____

Ultrasound

☐ Appendix
☐ Renal
☐ Pelvis
☐ Pylorus
☐ Hip
☐ Head
☐ Thyroid
☐ Scrotum

Duplex (Blood Flow):
☐ Extremity Duplex Venous
R____ L____ BILAT____ (specify)
☐ Extremity Duplex Arterial
R____ L____ BILAT____ (specify)
☐ Renal Duplex
☐ Pelvic Duplex
☐ Scrotum Duplex
☐ Abdomen Duplex

☐ Liver Duplex
☐ Soft Tissue Neck
☐ Soft Tissue Extremity (specify)
☐ Abdomen Limited (Hernia)
☐ Abdomen (includes liver, spleen, gallbladder)
☐ Liver
☐ Spleen
☐ Gallbladder

Other: **Reason For Exam:**

Nuclear Medicine

☐ Gastric Emptying Scan
Liquid Solid (specify)
☐ Hida Scan
☐ Meckels Scan
☐ Bone Scan
Spect Flow (specify)

☐ Renogram
Catheter: ☐ yes ☐ no; Obtain sterile ____UA____CS
☐ Diuretic Renogram;
Catheter: ☐ yes ☐ no; Obtain sterile ____UA____CS
☐ Cystogram
Obtain sterile ____UA____CS

Arrival Time:_____
Appt. Date:_____

Other: **Reason For Exam:**

CT Scan

☐ Stealth Brain Plain
☐ Brain Plain **70450**
☐ Brain with contrast **70460**
☐ Brain Plain 3-D (Craniosynostosis) (**70450 and 76377**)
☐ Sinus **70486**
☐ Sinus Stealth Series (pre-op) **70486**
☐ Temporal Bones/IACs **70480**
☐ Neck with contrast **70491**

☐ Chest Plain **71250**
☐ Chest with contrast **71260**
☐ Abdomen with contrast (Liver, Pancreas, Kidneys only) **74160**
☐ Abd/Pelvis Plain (Stone Study) **74176**
☐ Abd/Pelvis with contrast (Abd Pain; r/o APPY) **74177**
☐ Abd/Pelvis with contrast/Enterography (Crohn's; IBD) **74177**
☐ PE Study (Pulmonary Embolism) **71275 & 76377 (3D)**
☐ CTA (vascular study with contrast) of _____

Other: **CPT Code:** **Reason For Exam:**

X-Rays *(Do not schedule-walk in)*

☐ CXR
☐ KUB
☐ Shunt Series
☐ Bone Age
☐ Soft Tissue Neck _____1vw _____2vw

☐ Pelvis/Hips
☐ Nasal Bones
☐ Sinus ____1vw ____2vw
☐ Waters View
☐ Extremity _____ R _____ L (specify)*

Spine:
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Scoliosis Series (AP & LAT)

Other: **Reason For Exam:**

_____ _____ _____
Ordering Provider (Print) **(Signature)** **Date**

Form No. 30428 (06/2024)