EAST TENNESSEE Children's Hospital

Emory Center - Outpatient Services
207 East Emory Road
Powell, TN 37849
Phone: 865-343-6983
Please fax completed order to 865-541-8289

Radiology Outpatient Orders - Emory Center

Patient's Last Name First Name Initial DOB

Primary Insurance: _____

Pre-Authorization #: _____ (If required and not provided, exam may be delayed or rescheduled)

- ☐ ABDOMEN-AP & LAT
- ☐ ABDOMEN-FLAT AND UPRIGHT
- ☐ ABDOMEN-(KUB)
- ☐ ANKLE-RIGHT
- ☐ ANKLE-LEFT
- ☐ BABYGRAM-AP
- ☐ BABYGRAM-AP & LAT
- ☐ BONE AGE BELOW 1 YEAR
- ☐ BONE AGE OVER 1 YEAR
- ☐ CHEST-PA
- ☐ CHEST-PA & LAT
- ☐ CLAVICLE-RIGHT
- ☐ CLAVICLE-LEFT
- ☐ COCCYX
- ☐ ELBOW-RIGHT
- ☐ ELBOW-LEFT
- ☐ FACIAL BONES
- ☐ FEMUR-RIGHT
- ☐ FEMUR-LEFT
- ☐ FINGER-RIGHT
- ☐ FINGER-LEFT
- ☐ FOOT-RIGHT
- ☐ FOOT-LEFT
- ☐ FOREARM-RIGHT
- ☐ FOREARM-LEFT
- ☐ HAND-RIGHT
- ☐ HAND-LEFT
- ☐ HUMERUS-RIGHT
- ☐ HUMERUS-LEFT
- ☐ KNEE-RIGHT
- ☐ KNEE-LEFT
- ☐ LEG LOWER TIB-FIB-RIGHT
- ☐ LEG LOWER TIB-FIB-LEFT
- ☐ NASAL BONE
- ☐ NECK SOFT TISSUE-AP & LAT
- ☐ NECK SOFT TISSUE- LAT ONLY
- ☐ RIBS 1 SIDE - RIGHT
- ☐ RIBS 1 SIDE-LEFT
- ☐ RIBS BILATERAL
- ☐ OS CALCIS-RIGHT
- ☐ OS CALCIS-LEFT
- ☐ PATELLA/SUNRISE 1 VIEW-RIGHT
- ☐ PATELLA/SUNRISE 1 VIEW-LEFT
- ☐ PELVIS-AP
- ☐ PELVIS BILATERAL-(AP & FROG LEG)
- ☐ SACROILIAC JOINTS
- ☐ SACRUM
- ☐ SCAPULA-RIGHT
- ☐ SCAPULA-LEFT
- ☐ SHOULDER-RIGHT
- ☐ SHOULDER-LEFT
- ☐ SKULL COMPLETE-(NON-TRAUMA)
- ☐ SINUS SERIES - (AP, LAT, & WATERS)
- ☐ SINUS-(WATERS ONLY)
- ☐ SPINE CERVICAL 3 VIEW
- ☐ SPINE CERVICAL 5 VIEW
- ☐ SPINE CERVICAL 7 VIEW
- ☐ SPINE THORACIC
- ☐ SPINE LUMBAR 3 VIEW
- ☐ SPINE LUMBAR 5 VIEW
- ☐ SPINE LUMBAR 7 VIEW
- ☐ STERNOCLAVICULAR JOINTS
- ☐ STERNUM-AP & LAT
- ☐ TOES-RIGHT
- ☐ TOES-LEFT
- ☐ WRIST-RIGHT
- ☐ WRIST-LEFT

NOTE: If you have any questions or are undecided as to which location the testing should be completed, please call Emory Center at **865-343-6983**.

Diagnosis (please write out) & **ICD.10 CODE**:

_____

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