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 in Admitting Monday-Friday 6 a.m. - 9 p.m.; Sat. & Sun. 8 a.m. - 4 p.m.
After Admitting closes, please register in the ED.

Radiology Outpatient Orders

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

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

Fluoroscopy:

☐ UGI
☐ Small Bowel Follow Through (SBFT)
☐ Barium Enema (BE)
☐ Esophagram
☐ Modified Barium Swallow
☐ Tube Placement: ___NJ ___ GJ
☐ Tube Check: ___NJ ___ GJ
☐ VCUG - Obtain urine specimen UA _____ CS _____
Appt. Date: _____
Arrival Time:_____
Other: **Reason For Exam:**

Ultrasound

☐ Appendix
☐ Renal
☐ Pelvis
☐ Pylorus
☐ Hip
☐ Head
☐ Thyroid
☐ Scrotum
Duplex (Blood Flow):
☐ 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
Appt. Date: _____
Arrival Time:_____
Other: **Reason For Exam:**

Nuclear Medicine

☐ Gastric Emptying Scan
☐ Milk Scan
☐ Hida Scan
☐ Meckels Scan
☐ Bone Scan
☐ Cystogram
Obtain sterile ____UA____CS
Appt. Date: _____
Arrival Time: _____
☐ Renogram; Catheter: ☐ yes ☐ no; Obtain sterile ____UA____CS
☐ Diuretic Renogram; Catheter: ☐ yes ☐ no; Obtain sterile ____UA____CS
Other: **Reason For Exam:**

CT Scan

☐ 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 _____
Appt. Date: _____
Arrival Time:_____
Other: **CPT Code:** **Reason For Exam:**

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

☐ CXR
☐ KUB
☐ Waters View
☐ Bone Age
☐ Soft Tissue Neck
☐ Pelvis/Hips
Spine: ☐ Cervical ☐ Thoracic ☐ Lumbar ☐ Scoliosis Series (AP & LAT)
☐ Extremity _____ R _____ L (specify)
Other: **Reason For Exam:**

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

Form No. 30428 (01/18)