

PATIENT NAME: _____

MRN: _____

DOB: _____

DATE: _____

LOCATION: _____



Medical Imaging Order Form

***PLEASE NOTE:**
NUCLEAR MEDICINE, CT, MRI AND FLUOROSCOPY ARE SCHEDULED SERVICES AT NEMOURS CHILDRENS HOSPITAL, FLORIDA. SCHEDULED PROCEDURES REQUIRE AUTHORIZATION PRIOR TO SCHEDULING APPOINTMENT*

Please use NCH NPI 1245520386

CALL 407-567-4238 AND FAX COMPLETED FORM TO 407-567-5903 AND PROVIDE TO THE PARENT TO BE PRESENTED AT THE TIME OF PROCEDURE

X-RAY (Walk-In Services)	X-RAY (Walk-In Services)	ULTRASOUND (Scheduled Service)
CORE/TRUNK	LOWER EXTREMITY	BODY PART(S)
ABDDOMEN	FEMUR <input type="checkbox"/> R <input type="checkbox"/> L	FOR ABDOMINAL: <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER
CHEST	KNEE <input type="checkbox"/> R <input type="checkbox"/> L	IF EXTREMITY: <input type="checkbox"/> R <input type="checkbox"/> L
CHEST/ABDOMEN	TIB/FIBULA <input type="checkbox"/> R <input type="checkbox"/> L	SPECIFIC INSTRUCTIONS :
RIBS <input type="checkbox"/> R <input type="checkbox"/> L	ANKLE <input type="checkbox"/> R <input type="checkbox"/> L	
SHOULDER <input type="checkbox"/> R <input type="checkbox"/> L	FOOT <input type="checkbox"/> R <input type="checkbox"/> L	
STERNUM	TOE (SPECIFY DIGIT) <input type="checkbox"/> R <input type="checkbox"/> L	
HIP <input type="checkbox"/> R <input type="checkbox"/> L	SPECIFY VIEWS (IF APPLICABLE):	
SPECIFY VIEWS (IF APPLICABLE):		COMPUTED TOMOGRAPHY (CT) (Scheduled Service)
	OTHER	BODY PART(S)
HEAD	SOFT TISSUE NECK (AIRWAYS)	IF EXTREMITY: <input type="checkbox"/> R <input type="checkbox"/> L
SINUS (WATERS VIEW ONLY)	NASOPHARYNX LATERAL (ADENOIDS)	SPECIFIC INSTRUCTIONS :
SINUS SERIES	BONE AGE	
SKULL	OTHER:	
NASAL BONES		CARDIOLOGY (Walk-In Service)
FACIAL BONES		MAGNETIC RESONANCE IMAGING (MRI) (Scheduled Service)
ORBITS		BODY PART(S)
SPECIFY VIEWS (IF APPLICABLE):	ELECTROCARDIOGRAM (ECG)	IF EXTREMITY: <input type="checkbox"/> R <input type="checkbox"/> L
	SPECIFIC INSTRUCTIONS:	SPECIFIC INSTRUCTIONS :
SPINE	NUCLEAR MEDICINE (Scheduled Service)	
CERVICAL-SPINE		IF EXTREMITY: <input type="checkbox"/> R <input type="checkbox"/> L
THORACIC-SPINE	BONE SCAN	SPECIFIC INSTRUCTIONS :
LUMBAR-SPINE	HIDA (HEPATOBRILIARY) SCAN WITH CHOLECYSTOKININ (CCK)	
SACRUM/COCCYX	HIDA (HEPATOBRILIARY) SCAN WITHOUT CHOLECYSTOKININ (CCK)	
SCOLIOSIS	LUNG PERFUSION	FLUOROSCOPY (Scheduled Service)
SPECIFY VIEWS (IF APPLICABLE):	MECKELS DIVERTICULUM	BARIUM ENEMA (BE)
	GASTROINTESTINAL (GI) BLEED	BARIUM ENEMA (BE) WITH AIR CONTRAST
	GFR (GLOMERULAR FILTRATION RATE) RENAL	MODIFIED BARIUM SWALLOW
UPPER EXTREMITY	GASTRIC EMPTY - SOLID	UPPER GI
HUMERUS <input type="checkbox"/> R <input type="checkbox"/> L	GASTRIC EMPTY - LIQUID	SMALL BOWEL SERIES
ELBOW <input type="checkbox"/> R <input type="checkbox"/> L	MAG3 RENAL WITH LASIX (MERCAPTOACETYLTRIGLYCINE)	VCUG VOIDING CYSTOURETHROGRAM
RADIUS/ULNA <input type="checkbox"/> R <input type="checkbox"/> L	DMSA (DIMERCAPTOSUCCINIC ACID) RENAL	CHECK TUBE PLACEMENT
WRIST <input type="checkbox"/> R <input type="checkbox"/> L	SALIVAGRAM	
SCAPHOID SERIES <input type="checkbox"/> R <input type="checkbox"/> L		OTHER:
HAND <input type="checkbox"/> R <input type="checkbox"/> L		SPECIFIC INSTRUCTIONS :
FINGER (SPECIFY DIGIT) <input type="checkbox"/> R <input type="checkbox"/> L		
SPECIFY VIEWS (IF APPLICABLE):		

LEGEND R = RIGHT L = LEFT

REASON FOR EXAM/SPECIAL INSTRUCTIONS

What is the patient history? _____

When did the symptoms start? _____

Where is the primary focus of the pain/injury? _____ INTERNATIONAL CLASSIFICATION OF DISEASES (ICD) CODE: _____

Special Instructions/Additional Information _____

Office Name _____ Practitioner Name _____

Office Address _____ Telephone _____ Fax _____

Signature / Credentials of ordering Practitioner _____ Date _____ Time _____

Print Name (if different from provider above) _____

Walk-In X-ray available Monday - Friday: 8:30 a.m. - noon & 1 - 4 p.m. / closed for Lunch noon - 1 p.m.

Walk-In EKG available Monday - Friday: 8:30 a.m. - noon & 1 - 3 p.m. / closed for Lunch noon - 1 p.m.

Nemours Children's Hospital, Florida

6535 Nemours Parkway
Orlando, FL 32827

Walk-In and Scheduled Services are available

Nemours Children's Health, Lakeland

1324 Lakeland Hills Blvd, Suite A
Lakeland, FL 33805

(Located at the Carol Jenkins Barnett Pavillion at
Lakeland Regional Health Medical Center)

*Walk-In XRAY, Walk-In EKGs,
Scheduled Ultrasounds*

**Nemours Children's Health, Downtown
Orlando**

1717 S. Orange Ave
Orlando, FL 32806

Walk-In XRAY, Walk-In EKGs

Nemours Children's Health, Melbourne

1270N. Wickham Rd. Ste 49
Melbourne, FL 32935

Scheduled XRAY, Scheduled EKGs

Nemours Children's Health, Lake Mary

3300 W. Lake Mary Blvd
Suite 100

Lake Mary, FL. 32746

Walk-In XRAY, Walk-In EKGs

Nemours Children's Health, Winter Garden

2020 Daniels Rd

Winter Garden, Fl. 34787

Walk-In XRAY, Walk-In EKGs