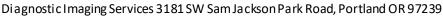
## Physician Order Form for Pediatric Imaging Services



**Radiology Scheduling: 503-418-5252** Fax: 503-418-5253



REQUIRED FIELDS: Patient Demographics and Physician Order Information	
Patient Name: DOB: / / Hei	ght: Weight: Phone:
Referring Physician Name: Signature:	
☐ URGENT ☐ ROUTINE	Phone #: Fax #:
ICD-10 Code(s):	Authorization Number:
ICD-10 Description:	Authorization Dates:
Additional Information:	Expected by (date):
	☐ Mail CD of Images (Complete pg. 2) Results always faxed
Check all that apply	
☐ Needs physical assistance:	□ Difficult IV Start
☐ Needs interpreter. Language:	☐ Port ☐ PICC ☐ Other central line:
☐ Coming from Care Facility	☐ Patient has a trach ☐ Patient on a ventilator
Facility contact name:	☐ Pregnant - #Weeks:
Facility contact number:	☐ Pediatric Sedation
GENERAL RADIOLOGY	
☐ Barium Enema ☐ Barium Enema With Air contrast	□ X-ray Body part:
☐ Upper GI ☐ UGI with Small Bowel Series ☐ Esophogram ☐ MBS, Tube Replacements	Laterality: ☐ Left ☐ Right ☐ Bilateral Specific Views & #:
☐ Voiding Cystourethrogram ☐ VCUG with sedation	Specific views & #.
ULTRASOUND	
☐ Abdomen ☐ Pelvis ☐ Kidney and Bladder ☐ Thyroid ☐ Scrotum ☐ Head	☐ Hip, Spine, Soft Tissue Head and Neck, Breast (Under 14)
Axilla: ☐ Left ☐ Right ☐ Bilateral	Other US:
Clinic Mailing Address (If Physical CD of Images is requested)	
Clinic Name:	
Street:	
State: Zip:	

## **REMINDERS:**

Provide FedEx info, if requesting expedited mailing:

- Please ask patient to call Radiology scheduling at 503-418-5252 to schedule their imaging.
- If patient is new to OHSU or their insurance has changed, please have them call OHSU Registration at 503-494-8505 or 888-222-6478 and provide their insurance information prior to calling to schedule.
- Please confirm the authorization of the requested exam(s) has been obtained by the ordering clinic prior to the appointment.
- Patient must arrange transportation if they will be receiving pain/anxiety/aesthesia medication. Patient must have a
  responsible adult (16 years or older) who is present at the time they are discharged. Patient may NOT drive. If patent plan
  to take public/private transportation, they must have a responsible adult with them.
- Patients must bring a responsible person with them to supervise children and/or service animals that may be with them during their appointment.

## Thank you for choosing OHSU Diagnostic Imaging Services

Our goal is to provide your patients with excellent care. If there is something we can do to accommodate their special needs, please let us know. Patients can provide their email address at the time of scheduling or at check-in to provide feedback on their experience.