Physician Order Form for Pediatric Imaging Services

Diagnostic Imaging Services 3181 SW Sam Jackson Park Road, Portland OR 97239
Radiology Scheduling: 503-418-5252 Fax: 503-418-5253

REQUIRED FIELDS: Patient Demographics and Physician Order Information	
Patient Name: DOB : / / Height: Weight: Phone:	
Referring Physician Name: **Signature:**	
☐ URGENT ☐ ROUTINE **ICD-10 Code(s):**_____ **ICD-10 Description:**_____ Additional Information:_____ _____	Phone #: _____ Fax #: _____ Authorization Number: _____ Authorization Dates: _____- _____ Expected by (date): _____ ☐ Mail CD of Images (Complete pg. 2) *Results always faxed*

Check all that apply	
☐ Needs physical assistance: _____ ☐ Needs interpreter. Language: _____ ☐ Coming from Care Facility Facility contact name: _____ Facility contact number: _____	☐ Difficult IV Start ☐ Port ☐ PICC ☐ Other central line:_____ ☐ Patient has a trach ☐ Patient on a ventilator ☐ Pregnant - # Weeks:_____ ☐ Pediatric Sedation
GENERAL RADIOLOGY	
☐ Barium Enema ☐ Barium Enema With Air contrast ☐ Upper GI ☐ UGI with Small Bowel Series ☐ Esophagram ☐ MBS/MBSS, Tube Replacements ☐ Voiding Cystourethrogram ☐ VCUG with sedation ☐ Skeletal survey	☐ X-ray Body part:_____ Laterality: ☐ Left ☐ Right ☐ Bilateral Specific Views & #:
ULTRASOUND	
☐ Abdomen ☐ Pelvis ☐ Kidney and Bladder ☐ Thyroid ☐ Scrotum ☐ Head ☐ Appendix	☐ Hip, Spine, Soft Tissue Head and Neck, Breast (Under 14) ☐ US liver with elastography and attenuation parameter
Axilla: ☐ Left ☐ Right ☐ Bilateral	Other US :

Clinic Mailing Address (If Physical CD of Images is requested)

Clinic Name: _____
Street: _____
State: _____ Zip: _____

Provide FedEx info, if requesting expedited mailing: _____

REMINDERS:

- 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 plans 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.