



WESLEY
Medical Center

Scheduling: 962-7900
Fax To: 962-7637

| | | | |
|----------------------|-------------------|------------------------------|-----|
| Last Name: | | First Name: | MI: |
| Birthdate: | | SS #: | |
| Phone Number (Home): | | (Work): | |
| Appointment Time: | Appointment Date: | Check in time in Admissions: | |

PHYSICIAN ORDER FOR DIAGNOSTIC IMAGING

| | | | |
|--------------------|---------------------------|------------------------------------|--|
| DIAGNOSIS/SYMPTOMS | | CONTACT NUMBER FOR CRITICAL RESULT | FORM COMPLETED BY (PRINT NAME) |
| | | | <input type="checkbox"/> Page when results are available Fax results to: |
| DATE/TIME | ORDERING PHYSICIAN'S NAME | ICD-9 Code | Order may be modified at the discretion of the Radiologist. <input type="checkbox"/> Please notify physician if order is modified. |
| | PHYSICIAN'S SIGNATURE | | |

Note: Please circle the exam.

No appointment necessary for these routine xrays.

| | | | | |
|---------------|----------------|-----------|--------------|---------------|
| Chest PA, Lat | Cervical Spine | R L Hip | R L Femur | R L Lower leg |
| Sinus | Thoracic Spine | R L Knee | R L Shoulder | R L Forearm |
| Abdomen | Lumbar Spine | R L Ankle | R L Humerus | R L Wrist |
| Pelvis | | R L Foot | R L Elbow | R L Hand |

DIAGNOSTIC IMAGING

Esophagus

Swallow study with speech

Small bowel study

DEXA

Upper GI (Stomach)

Single (Circle)
Air contrast

Myelogram

Cervical
Thoracic
Lumbar

Pertinent Medical History:

Barium Enema (Colon)

Single contrast (Barium)
Air Contrast (Circle)
Gastrografin

Voiding Cystogram

| | | | |
|-------------|------------|-----------------------|-----------------|
| LAB ORDERS: | BUN | UA | Serum Pregnancy |
| | Creatinine | Culture & Sensitivity | Test |

Other: