

Pediatric Diagnostic Imaging Order/Referral

Patient Name: _____ Date of Birth: _____

Known/Suspected Diagnosis: _____

Symptoms/Concerns: _____

Clinical Decision Support Codes
G-code: _____
Vendor name (only for G1011): _____
HCPCS Modifier: _____
Medicare Part B - CT, MRI, NM, PET/CT

**Schedule an Exam:
Call 571.423.5400**

Patients in need of anesthesia, call: 703.776.2588

Appointment:

Date _____ Time _____

You MUST bring this referral form with you to your exam. See back for more instructions.

Diagnostic Radiography (X-Ray)

Bone Age
 Sinus (waters)
 Lateral Neck (soft tissue)
 Chest
 Frontal and Lateral
 Frontal Only
 Ribs: Left (L) Right (R)
 Abdomen
 Flat
 Flat and Erect
 Decubitus
 Other (specify): _____
 Pelvis (anterior posterior and frog leg), attn:
 L R Bilateral
 Spine
 Scoliosis
 Cervical Thoracic Lumbar
 Skeletal Survey (one hour test - call to schedule)

Skull
 Extremities
 Shoulder: L R
 Elbow: L R
 Wrist: L R
 Hand: L R
 Clavicle: L R
 Humerus: L R
 Forearm: L R
 Hip: L R
 Knee: L R
 Foot: L R
 Ankle: L R
 Femur: L R
 Tibia/Fibula: L R
 Leg Length
 Other (specify): _____

For Facial Bone, Orbit and Mandible Evaluation, Computed Tomography (CT) is recommended.

Neuroimaging-CT

Anesthesia Required*
 Head
 w/o Contrast
 w/o Contrast and w/Contrast
 Orbit w/o Contrast w/ Contrast
 Sella w/o Contrast w/ Contrast
 Temporal Bone w/o Contrast w/ Contrast
 Temporomandibular Joint (TMJ)
 Sinus
 Screening
 Complete
 Neck
 C-Spine
 Soft Tissue
 Mandible
 Other (specify): _____

Physicians:

Fax Clinical Notes to Pediatric Reception:
703.776.3836

Fax Anesthesia Notes to:
703.776.6388

Gastrointestinal Fluoroscopy (X-Ray)

Swallowing Study (VFSS)
Call 703.776.6080 to schedule.

Esophagram (post-operative)
 Upper GI (through ligament of Treitz)
 with Chest X-ray
 with Abdomen X-ray
 Small Bowel Follow-Through (for distal small bowel assessment)
 Contrast Enema
 Tube Replacement (specify): _____
 Other (specify): _____

CT Scan (Body)

Anesthesia Required*
 Neck/Soft Tissue with IV Contrast
 Chest
 Without (w/o) IV Contrast
 With (w/) IV Contrast
 CT Angiography (CTA)
 For Pulmonary Embolus
 Cardiac
 Other Indication (specify): _____
 Selected Hi-Resolution for Interstitial Lung Disease
 Abdomen and Pelvis
 Abdomen Only (to iliac crests)
 w/o Oral or IV Contrast (renal stone screening)
 w/ Oral Contrast Only (IV contrast allergy, renal disease)
 w/ Oral and IV Contrast
 w/ IV Contrast Only
 CTA: Indication (specify): _____
 Extremity (specify): _____
 Other (specify): _____

Neuroimaging-Magnetic Resonance Imaging (MRI)

Anesthesia Required*
 For patients 8 years of age or older, call the MRI Center at 703.204.8333.

Brain
 w/o Contrast
 w/o Contrast and w/Contrast
 Orbit
 Sella
 Temporal Bone
 TMJ
 Spine
 w/o Contrast
 w/o Contrast and w/Contrast
 Cervical
 Thoracic
 Lumbar
 Neck
 w/o Contrast
 w/o Contrast and w/Contrast
 Other (specify): _____

Disclaimer/Authorization: Inova radiology physicians are authorized and have my permission to add or delete any imaging procedures required to appropriately diagnose the patient I am referring. If a change occurs, I understand that I will be contacted to submit an updated referral order.

If you DO NOT authorize any such change, check this box:

Genitourinary Fluoroscopy (X-Ray)

Anesthesia Required*
 Vesicoureterogram (VCUG) (contrast)
 Other (specify): _____

Ultrasound

Abdomen (upper abdomen organ study)
 Right Lower Appendix/Right Lower Quadrant
 Renal/Bladder
 Scrotum
 Female Pelvic
 Head/Neck
 Thyroid
 Scalp/Neck Mass
 Neonatal Brain (up to 4 months of age)
 Hip (2 weeks to 6 months of age)
 Spine (newborn to 6 weeks of age)
 Vascular (specify): _____
 Other (specify): _____

Nuclear Medicine

Anesthesia Required*
 Dimercaptosuccinic Acid (DMSA)
 MAG-3 w/Furosemide
 Nuclear Cystogram (RNC)
 Bone Scan
 Whole Body
 3-Phase
 Gastric Emptying/Milk Scan
 Other (specify): _____

MRI (Body)**

Anesthesia Required*
 Cardiac
 Abdomen/Pelvis
 Magnetic Resonance Cholangiopancreatography (MRCP)
 Magnetic Resonance Elastography (MRE)
 Other (specify): _____

MRI (Musculoskeletal)**

Anesthesia Required*
 Shoulder: L R
 Elbow: L R
 Wrist: L R
 Hip: L R
 Knee: L R
 Ankle: L R
 Extremity: L R
 Other (specify): _____

Notes to Physicians:

*If choosing anesthesia, complete the anesthesia section on the back of this form and fax BOTH sides of the sheet to radiology.

**For body and musculoskeletal MRI, the child must be over 8 years of age.

Referring Physician (signature): _____ Date: _____ Time: _____

Referring Physician (print name): _____ Physician NPI: _____

Referring Physician: Phone # _____ Fax # _____

Pre-Anesthesia History and Physical

Fax: 703.776.6388

Scheduling: 703.776.2588

MUST be completed within 30 days of the appointment.

Patient Name: _____ Date of Birth: _____ Age: _____

Medical Record # (if available): _____ Weight: _____

Past Surgical History: _____ Non ContributoryPast Medical History: _____ Non Contributory

Social History (if contributory): _____

Family History (if contributory): _____

Patient Active Problem List: _____

Medication Allergies: _____ No known drug allergies

Medications: _____

Pre-Anesthesia Physical Exam

Blood Pressure (optional): _____ Temperature: _____ Saturation (optional): _____

Vital Signs Normal for Age: Yes No**Central Nervous System:** Awake and alert, Yes No **Lungs:** Clear to auscultation Yes No
appropriate for age **Pulses and Perfusion:** Good Yes No**Head, Eyes, Ears, Nose, Throat (HEENT):** Normal Yes No **Neuro:** Normal Yes No**Heart:** Cardiac exam shows regular rhythm and rate Yes No **Other:** _____**Physician** (signature): _____ (print name): _____ Date: _____ Time: _____ No Change (H&P was reviewed, the patient examined, and no change has occurred) Changes have occurred (specify): _____**Inova Children's Hospital is located at 3300 Gallows Road, Falls Church, VA 22042-3300**

If your child is scheduled for an MRI or CT, park in the Green Garage and proceed to Diagnostic Imaging, located in the ground floor atrium near the Inova Children's Hospital lobby.

If your child is scheduled for an ultrasound, X-Ray, or nuclear medicine, park in the Blue Garage and proceed directly to Pediatric Imaging on the ground floor in the Professional Services building.

Please bring the following information with you:

- Medication list
- List of previous surgical procedures
- Insurance card
- Images and reports from prior exams
- This referral form

Note: We cannot permit other children or expectant mothers in the exam areas, particularly those that involve X-Ray. Inova staff are not able to watch unattended children, so please make necessary arrangements. If you are pregnant, arrange for another adult to be with your child during their exam.

Exam Preparations

You may be given specific information from your physician or the schedulers when you make your appointment. In general, preparations for several of our more frequent exams are as follows:

Fluoroscopy:**• Esophagram, Upper GI, Small Bowel**

- Infants up to 1 year, fast 3 hours
- Children 1-5 years, fast 4 hours
- Children over 5 years, fast overnight

Please bring something that your child likes to drink, either to be used during the exam or afterwards.

• Tube Injection or Tube Placement

If your child is fed intermittently or by bolus, skip one meal. If your child receives continuous feeds, hold feeds for 2-3 hours. Please bring appropriate connector or access device for your child's existing feeding tube.

• Contrast Enema and VCUG

No prep is usually required.

Ultrasound:**• Abdominal Ultrasound and Vascular Ultrasound of the Abdomen/Pelvis**

- Infants up to 1 year, fast 3 hours
- Children 1-5 years, fast 4 hours
- Children over 5 years, fast overnight

• Renal/Bladder and Pelvic Ultrasound

Try to bring your child with as full a bladder as possible.

• Extremity Vascular, Hip, Spine, Musculoskeletal, Head, Scrotal and Thyroid Ultrasound

No prep is usually required.

CT, MRI and Nuclear Medicine:

Specific preparations for exams will be given at the time your appointment is scheduled.

Exam Results

The exam results will be sent to your child's physician within 48 business hours. An exam disk will be available following the exam or by calling 703.776.3240.

Additional Resources

- Visit www.inova.org/childradiology, or call **703.776.6762**
- Child Life Services: **703.776.6762**
Our Child Life specialists provide procedural preparation, medical play, and support to decrease anxiety and increase a child's ability to cope with medical experiences.
- Interpreter Services: Interpreter services are available at no cost to you. Please let our staff know of your needs for effective communication.

