

# 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 571.472.5400

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)
  - Neck:  Lateral  Anterior-Posterior/Lateral
  - 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): \_\_\_\_\_

### 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): \_\_\_\_\_

### MRI (Body)\*\*

- Anesthesia Required\*
- Cardiac
- Abdomen/Pelvis
- Magnetic Resonance Cholangiopancreatography (MRCP)
- Magnetic Resonance Elastography (MRE)
- Perianal/Fistula
- 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): \_\_\_\_\_

### Physicians:

Fax Clinical Notes to Pediatric Reception:  
**703.776.3836**

Fax Anesthesia Notes to:  
**703.776.6388**

**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:**

### 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.

### 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): \_\_\_\_\_

### Genitourinary Fluoroscopy (X-Ray)

- Anesthesia Required\*
- Vesicoureterogram (VCUG) (contrast)
- Other (specify): \_\_\_\_\_

### Ultrasound

- Abdomen (upper abdomen organ study)
- Right Lower Quadrant/Appendix
- 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): \_\_\_\_\_

### CT Scan (Body)

- Anesthesia Required\*
- Neck/Soft Tissue with IV Contrast
- Chest
  - Without (w/o) IV Contrast
  - With (w/) IV Contrast
  - Hi-Resolution for Interstitial Lung Disease
  - CT Angiography (CTA)
    - For Pulmonary Embolus
    - Cardiac
    - Other Indication (specify): \_\_\_\_\_
- 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): \_\_\_\_\_

### 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): \_\_\_\_\_

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 Contributory

Past 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, CT, or Nuclear Medicine appointment, 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 or X-Ray, park in the Blue Garage and proceed directly to Pediatric Imaging on the ground floor in the Professional Services building. On weekends, park in the Green Garage.

### 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 1-3 years, fast 4 hours
- Children 4-10 years, fast 6 hours
- Children over 10 years, fast for 8 hours

Please bring something that your child likes to drink for after the exam.

##### • 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 1-3 years, fast 4 hours
- Children 4-10 years, fast 6 hours
- Children over 10 years, fast for 8 hours

##### • 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](http://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.