

Physician Order Form

Fax orders to: **(502) 394-3636**

Outpatient diagnostic scheduling: **(502) 629-6200**, option 2

Preregistration: **(502) 485-4800**

Precertification fax: **(502) 485-4801**

Ordering physician is responsible for obtaining precertification, if needed,
by 2 p.m. two business days prior to procedure.

Preauthorization number (if applicable): _____



NORTON Children's

If you are not the parent of the child, you must bring proof of court-appointed guardianship/custody papers with you. The test or procedure will be canceled if you do not have this information with you.

Full name (first, middle and last): _____ Birthdate: _____

Home phone: _____ Work phone: _____

Ordering physician: _____ Special instructions: _____

Definitive diagnosis, signs and symptoms, and/or ICD code (Must be completed. Do not use R/O, possible or evaluate.): _____

Test date: _____

Test time: _____

Please arrive at outpatient registration **at least 20 minutes** before your child's scheduled test unless otherwise instructed. If your child needs to be sedated, please arrive one hour before.

Radiology

- Barium enema (colon study)*
- Esophagram*
- MBSS (modified barium swallow study) with speech therapy*

To schedule, call **(502) 629-7171**.

- Small bowel follow through (SBFT)*

- UGI*
- UGI with SBFT*
- VCU*
 - With sedation
 - Culture
 - Urinalysis

- IVP*
- IVP with VCU*
- CT scan*, specify: _____
 - With sedation
 - With contrast
 - Without contrast
- MRI*, specify: _____
 - With sedation
 - With contrast
 - Without contrast
- Ultrasound*, specify: _____
- X-ray, specify: _____
- Chest X-ray
- Other: _____

Gastric testing

- pH probe*
- Other: _____

Cardiology

- Echocardiogram
 - With sedation

- EKG
- Holter monitor
- Stress test*

- Tilt table

- Other: _____

Nuclear medicine

- Bone scan*
 - With sedation
 - With SPECT study

- DMSA*
 - With sedation
- Gastric emptying scan*
- Gastric reflux study*
- GFR renal scan*
- Hepatobiliary scan*
 - With sedation
 - With CCK
 - Without CCK

- I-123 MIBG scan*
 - With sedation
- I-123 thyroid scan and uptake*
 - With sedation

- Meckel's scan*
 - With sedation
- MIBG*
 - With sedation
- Nuclear cysto (VCU)*
- Renal scan*
 - With sedation
 - With Lasix
 - Without Lasix

- Renal scan (DMSA)*

- With sedation
- Tc 99m thyroid scan*
 - With sedation
- Other: _____

Neurodiagnostics

- BAEP (BAER)*
- EEG*
 - With sedation
- EEG (sleep deprived)*
- EEG (extended) _____ 4hr _____ 6hr*
- EMG/NCV, specify: _____*
 - With sedation
- HVF*
- OCT (fundus)*
- SMU
- SSEP (upper)*
- SSEP (lower)*
- VEP*
- Other: _____

Noninvasive vascular lab

- Specify: _____

Respiratory testing

- Pulmonary function*
 - With sedation
- ABG
- Other: _____

Audiology

- Sedated ABR* (auditory brainstem response evaluation)/audiological evaluation

Therapies

To schedule, call **(502) 629-7171**.

- Physical therapy evaluation and treatment: _____
- Occupational therapy evaluation and treatment: _____
- Speech therapy evaluation and treatment: _____

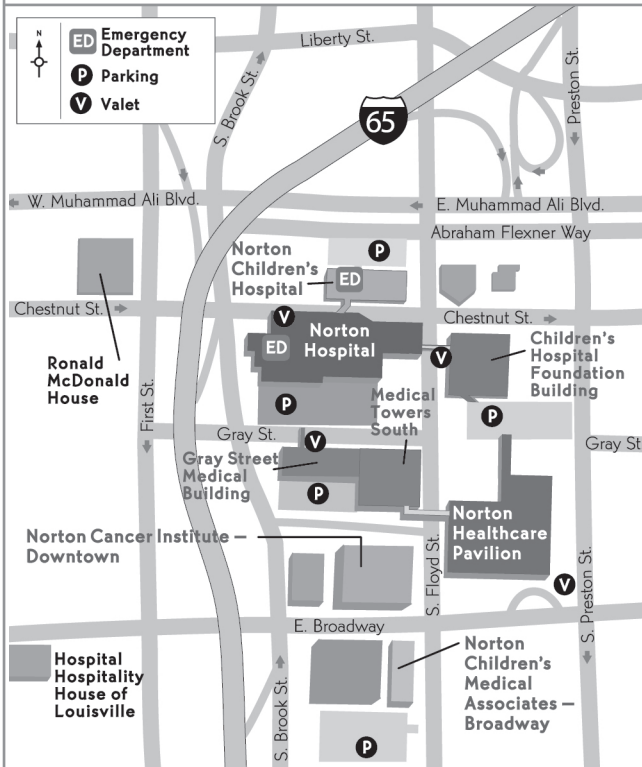
**This test requires special preparations or advanced scheduling.*

Physician's signature: _____ Order date: _____

Provide your patient with a copy of this form.

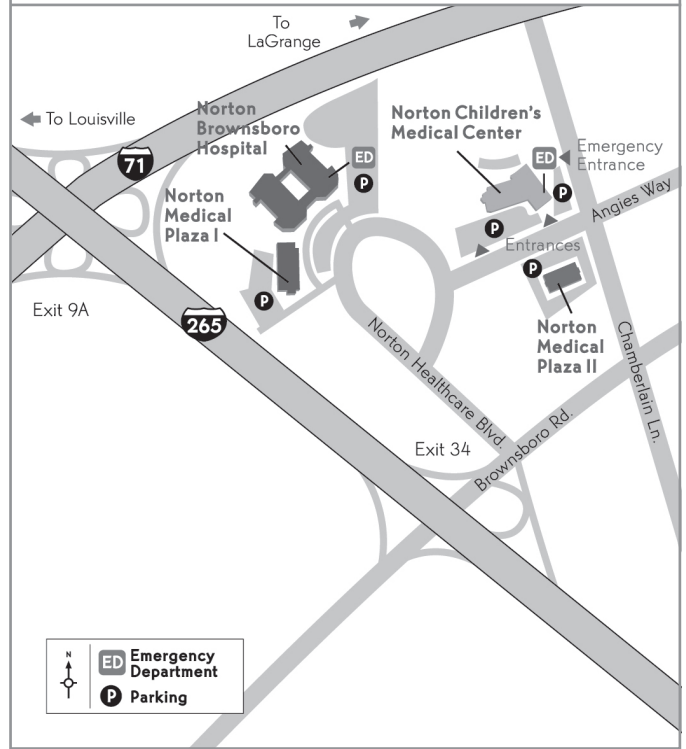
Norton Children's Hospital

231 E. Chestnut St.
Louisville, KY 40202



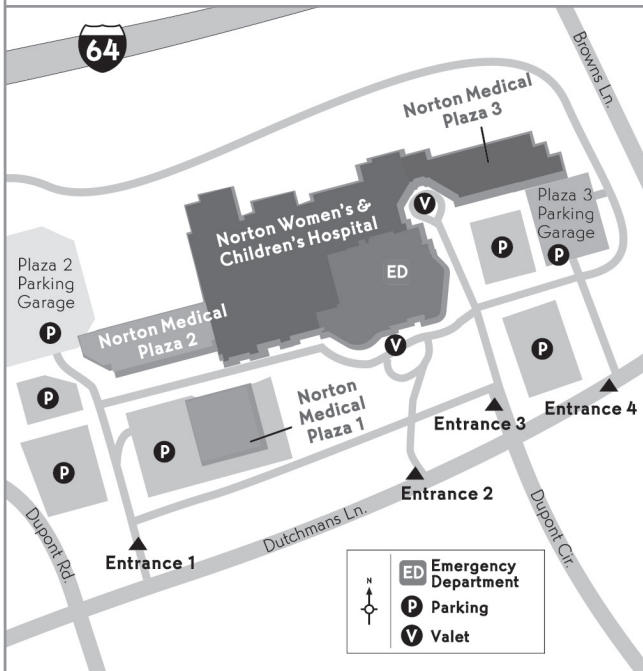
Norton Children's Medical Center

4910 Chamberlain Lane
Louisville, KY 40241



Norton Women's & Children's Hospital

4001 Dutchmans Lane
Louisville, KY 40207



Novak Center for Children's Health

411 E. Chestnut St.
Louisville, KY 40202

