

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

ED Common Radiology and Diagnostic Tests

Version 1 8/18/15

Radiology

- XR Chest Single , portable, Reason for exam: _____
- XR Chest PA and Lateral Reason for exam: _____
- XR Abdomen 1 View Reason for exam: _____
- XR Abdomen Complete 2 View Reason for exam: _____
- XR Abdomen Complete w/ PA Chest

CT

- CT Renal Colic is a CT abd/pelvis without IV or oral contrast:
 - CT Renal Colic Reason for exam: _____
- CT abd/pelvis with IV includes oral contrast unless otherwise specified:
 - CT Abd/Pelvis with IV Contrast Reason for exam: _____
- CT abd/pelvis without IV includes oral contrast unless otherwise specified:
 - CT Abd/Pelvis without IV Contrast Reason for exam: _____
 - CT Head without Contrast Reason for exam: _____
 - CT PE Chest Reason for exam: _____

MRI

- MRI Brain without Contrast Reason for exam: _____
- MRI Brain wo+w Contrast Reason for exam: _____

Ultrasound

- For Generalized Pain, includes evaluation of uterus, ovaries and adnexa SELECT:
 - US Pelvic Complete Reason for exam: _____
- For evaluation of gallbladder, RUQ, or targeted ROI-hernia/Spleen/ST mass SELECT:
 - US Abdomen Limited/ Follow-up Reason for exam: _____
 - US Carotid Doppler Reason for exam: _____
 - US Venous Doppler Lower Ext Reason for exam: _____

Interventional Radiology

- IR Miscellaneous Reason for exam: _____
- Additional Instructions _____
- Specific Procedure Requested _____

Provider Signature: _____ Date: _____ Time: _____