

Cook Children's Medical Center - Fort Worth | 801 7th Ave., Fort Worth, TX 76104 | 682-885-4076 phone
 Dodson Specialty Clinics | 1500 Cooper St., Fort Worth TX, 76104 | 682-885-2429 phone
 Cook Children's Radiology Center - Hurst | 6316 Precinct Line Rd., Hurst | 817-605-2900 phone
 Cook Children's Medical Center - Prosper | 4100 W. University Dr., Prosper TX 75078 | 945-204-1650 phone

*All fields marked with an asterisk MUST be completed. Prior authorization needed before appointment.

To schedule at Fort Worth or Hurst locations call 682-885-4076. Fax completed form to 682-885-3940.
 To schedule at Prosper call 945-204-1650. Fax completed form to 945-204-9541.

* Patient name: _____ * Date of birth: _____ Gender: _____

* Symptoms / reason for exam / diagnosis: _____

General anesthesia needed: Yes No **Implanted device (for MRI only)** Yes No

* Ordering provider (print name): _____ * Phone: _____ * Fax: _____

(If needed for order clarification)

<p>Diagnostic</p> <p>Chest: <input type="radio"/> PA/LAT <input type="radio"/> AP only <input type="radio"/> Sternum Decubitus: <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B Ribs: <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B <input type="radio"/> Chest w/abdomen</p> <p>Abdomen: <input type="radio"/> KUB <input type="radio"/> KUB with upright <input type="radio"/> Left lateral decubitus</p> <p>Head: Skull: <input type="radio"/> 2 view <input type="radio"/> 4 view <input type="radio"/> Sinuses <input type="radio"/> Facial bones <input type="radio"/> Nasal bones <input type="radio"/> Water's view only</p> <p>Spine: <input type="radio"/> Cervical <input type="radio"/> Flex/Ext <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Flex/Ext <input type="radio"/> Scoliosis <input type="radio"/> AP <input type="radio"/> AP/LAT <input type="radio"/> Sacrum/coccyx</p> <p>Pelvis: <input type="radio"/> AP/frog leg <input type="radio"/> SI joints</p> <p>Upper extremity: Clavicle <input type="radio"/> L <input type="radio"/> R Shoulder <input type="radio"/> L <input type="radio"/> R Humerus <input type="radio"/> L <input type="radio"/> R Elbow <input type="radio"/> L <input type="radio"/> R Forearm <input type="radio"/> L <input type="radio"/> R Wrist <input type="radio"/> L <input type="radio"/> R Hand <input type="radio"/> L <input type="radio"/> R Fingers <input type="radio"/> L <input type="radio"/> R Digit: _____</p> <p>Lower extremity: Hip <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B Femur <input type="radio"/> L <input type="radio"/> R Knee <input type="radio"/> L <input type="radio"/> R Tibia/fibula <input type="radio"/> L <input type="radio"/> R Ankle <input type="radio"/> L <input type="radio"/> R Foot <input type="radio"/> L <input type="radio"/> R Heel <input type="radio"/> L <input type="radio"/> R Toes <input type="radio"/> L <input type="radio"/> R Digit: _____</p> <p>Bone density - Fort Worth only - Must schedule <input type="radio"/> Hip <input type="radio"/> Total body <input type="radio"/> Forearm <input type="radio"/> Spine <input type="radio"/> VFA (vertebral fracture assessment)</p> <p>Miscellaneous: <input type="radio"/> Bone age <input type="radio"/> Leg length <input type="radio"/> Shunt series <input type="radio"/> Neck soft tissue <input type="radio"/> Rickets series <input type="radio"/> Skeletal survey <input type="radio"/> Standing lower extremity</p>	<p>Ultrasound - Must schedule</p> <p><input type="radio"/> Head <input type="radio"/> Transcranial doppler <input type="radio"/> Abdomen <input type="radio"/> Complete <input type="radio"/> Limited <input type="radio"/> Doppler <input type="radio"/> Gallbladder <input type="radio"/> Liver <input type="radio"/> Pyloric <input type="radio"/> Reflux <input type="radio"/> Bowel <input type="radio"/> Soft tissue _____ <input type="radio"/> Breast <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Pelvic <input type="radio"/> Female <input type="radio"/> Doppler <input type="radio"/> Spine <input type="radio"/> Renal <input type="radio"/> Doppler <input type="radio"/> Testicular <input type="radio"/> Doppler <input type="radio"/> Thyroid <input type="radio"/> Chest <input type="radio"/> Hip <input type="radio"/> Dynamic <input type="radio"/> Limited <input type="radio"/> Extremity _____ <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Doppler <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Doppler</p> <p>CT - Must schedule</p> <p><input type="radio"/> Head <input type="radio"/> Temporal bones <input type="radio"/> Face <input type="radio"/> Neck soft tissue Spine: <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Chest/abdomen/pelvis <input type="radio"/> Chest <input type="radio"/> Abdomen/pelvis <input type="radio"/> Pelvis <input type="radio"/> Extremity _____ <input type="radio"/> L <input type="radio"/> R</p> <p><input type="radio"/> CTA _____</p> <p>Contrast for CT: <input type="radio"/> IV contrast <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Oral contrast <input type="radio"/> Yes <input type="radio"/> No</p> <p>Fluoroscopy - Must schedule <input type="radio"/> Esophogram <input type="radio"/> Upper GI <input type="radio"/> With small bowel <input type="radio"/> Small bowel only <input type="radio"/> Barium enema <input type="radio"/> VCUg <input type="radio"/> IVP</p>	<p>MRI - Must schedule</p> <p>Head/neck: <input type="radio"/> Brain <input type="radio"/> Brain limited <input type="radio"/> w/spectroscopy <input type="radio"/> Internal auditory canal (middle ear) <input type="radio"/> Pituitary <input type="radio"/> Orbits <input type="radio"/> Face <input type="radio"/> Sinuses <input type="radio"/> TMJ's (temporomandibular joints) <input type="radio"/> Soft tissue neck <input type="radio"/> Brachial plexus <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B</p> <p>Spine: <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Sacrum</p> <p>Body: <input type="radio"/> Chest <input type="radio"/> Abdomen <input type="radio"/> Pelvis <input type="radio"/> MRCP <input type="radio"/> Urogram <input type="radio"/> Enterography <input type="radio"/> Liver/elastography <input type="radio"/> Liver iron quantification</p> <p>Upper extremity: <input type="radio"/> Shoulder <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Arthrogram <input type="radio"/> Humerus <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Elbow <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Arthrogram <input type="radio"/> Wrist <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Arthrogram <input type="radio"/> Hand <input type="radio"/> L <input type="radio"/> R</p> <p>Lower extremity: <input type="radio"/> Hip <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Arthrogram <input type="radio"/> Femur <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Knee <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Arthrogram <input type="radio"/> Tibia/fibula <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Ankle <input type="radio"/> L <input type="radio"/> R <input type="radio"/> Arthrogram <input type="radio"/> Foot <input type="radio"/> L <input type="radio"/> R</p> <p>Vascular: <input type="radio"/> MRA _____ <input type="radio"/> MRV _____</p> <p>Contrast for MRI: <input type="radio"/> Without <input type="radio"/> With <input type="radio"/> With and without</p> <p>Nuclear Medicine - Fort Worth only - Must schedule <input type="radio"/> Bone scan, whole body <input type="radio"/> 3 Phase <input type="radio"/> SPECT <input type="radio"/> Gastric emptying <input type="radio"/> Solid <input type="radio"/> Liquid <input type="radio"/> Renal cortical scan <input type="radio"/> Kidney flow/function w/wo diuretic <input type="radio"/> Kidney glofil <input type="radio"/> MIBG whole body <input type="radio"/> Meckels scan <input type="radio"/> Hepatobiliary scan <input type="radio"/> CCK <input type="radio"/> Atresia <input type="radio"/> Cystogram <input type="radio"/> Lung perfusion w/quantitative differential function</p> <p>PET/CT - Fort Worth only - Must schedule <input type="radio"/> Head <input type="radio"/> Whole body <input type="radio"/> Skull base to mid thigh</p>
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Other exam not listed above: _____

Physician signature : _____ Date: _____