

# Outpatient Test Order/Appointment Request

Fax to Centralized Scheduling at (606) 408-6816

or call 1-877-304-1935

# KING'S DAUGHTERS

\*Patient Name: \_\_\_\_\_ \*Date of Order: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Appointment Needed by: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ \*Primary Diagnosis Code: \_\_\_\_\_

\* Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Ordering Provider (print): \_\_\_\_\_ \*Signature: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ \*ICD10 Code: \_\_\_\_\_

\* - Indicates required field per CMS guidelines and KDMC policy. Diagnoses must pass medical necessity before the patient's appointment can be scheduled.

**CT Scan:** Check the procedure box and indicate IV contrast option.

## HEAD & NECK

Head \_\_\_ W \_\_\_ W/O \_\_\_ W&W/O

IAC/Temp Bone \_\_\_ W \_\_\_ W/O \_\_\_ W&W/O

Sinuses \_\_\_ NO CONTRAST

Other: \_\_\_\_\_

## CHEST

Chest \_\_\_ W \_\_\_ W/O

Chest HIGH RESOLUTION  Chest SUPER-D

## ABDOMEN/PELVIS

Abdomen \_\_\_ W \_\_\_ W/O \_\_\_ W&W/O

Abdomen & Pelvis \_\_\_ W \_\_\_ W/O \_\_\_ W&W/O

Urogram \_\_\_ No oral contrast prep

Pelvis \_\_\_ W \_\_\_ W/O \_\_\_ W&W/O

Enterography

Colongraphy

## ANGIOGRAM

CTA Abdomen  CTA Abdomen & Pelvis

Pelvis  CTA Renal

CTA Chest  CTA Coronary/Heart

CTA Head  CTA Brain perfusion

CTA Neck  CTA Aoro-iliofemoral runoffs

CTA Lower Ext \_\_\_ R \_\_\_ L \_\_\_ Bilat

CTA Upper Ext \_\_\_ R \_\_\_ L \_\_\_ Bilat

## SPINE

Cervical \_\_\_ W \_\_\_ W/O

Thoracic \_\_\_ W \_\_\_ W/O

Lumbar \_\_\_ W \_\_\_ W/O

## EXTREMITY

Lower Ext NO CONTRAST \_\_\_ R \_\_\_ L

Lower Ext CONTRAST \_\_\_ R \_\_\_ L

Upper Ext NO CONTRAST \_\_\_ R \_\_\_ L

Upper Ext CONTRAST \_\_\_ R \_\_\_ L

CT Arthrogram \_\_\_\_\_

## Diagnostic X-Ray

### HEAD

Orbits for Fracture (4 views min)  Orbits for foreign body

Facial Bones (4 views min)  Skull (4 view min)

Nasal bones (3 views min)  Sniff Test

Paranasal Sinuses (3 views min)

Other: \_\_\_\_\_

### NECK

Neck Croup/Epiglottitis  Neck/Soft tissue

## THORACIC

Chest PA  Chest PA & LAT

Chest Special Views (e.g. decubitus)

Chest apical-lordotic

Ribs unilat (4 views w/chest)  Ribs Bilat (4 views w/chest)

## ABDOMEN

Acute abdominal series w/chest  KUB

## ARM

Shoulder \_\_\_ R \_\_\_ L \_\_\_ Bilat

Humerus \_\_\_ R \_\_\_ L \_\_\_ Bilat

Elbow \_\_\_ R \_\_\_ L \_\_\_ Bilat

Forearm \_\_\_ R \_\_\_ L \_\_\_ Bilat

Wrist \_\_\_ R \_\_\_ L \_\_\_ Bilat

Hand \_\_\_ R \_\_\_ L \_\_\_ Bilat

Thumb \_\_\_ R \_\_\_ L \_\_\_ Bilat

Index Finger \_\_\_ R \_\_\_ L \_\_\_ Bilat

Middle Finger \_\_\_ R \_\_\_ L \_\_\_ Bilat

Ring Finger \_\_\_ R \_\_\_ L \_\_\_ Bilat

Little Finger \_\_\_ R \_\_\_ L \_\_\_ Bilat

## PELVIS

Pelvis

Infant Pelvis & Hips (2 view min)

Hip \_\_\_ R \_\_\_ L \_\_\_ Unilat

Hips \_\_\_ Bilat

Femur \_\_\_ R \_\_\_ L \_\_\_ Bilat

Knees (3 views) \_\_\_ R \_\_\_ L \_\_\_ Bilat

Standing Knees \_\_\_ Bilat

Tibia-Fibula \_\_\_ R \_\_\_ L \_\_\_ Bilat

Foot (3 views) \_\_\_ R \_\_\_ L \_\_\_ Bilat

## SPINE

Cervical Spine  Thoracic Spine

Lumbosacral Spine  Sacrum/Coccyx

## GASTRO

Barium Enema  Barium Swallow

Small Bowel  Video Fluoroscopy

Gallbladder  Upper GI

## UROLOGY

Nephrotomograms (IVP)  Voiding Cystogram

## MAMMOGRAPHY

Mammo Screen \_\_\_ R \_\_\_ L \_\_\_ Bilat

Mammo Diagnostic \_\_\_ R \_\_\_ L \_\_\_ Bilat

US Breast if indicated by mammo \_\_\_ R \_\_\_ L \_\_\_ Bilat

Bone Density DEXA

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## Neurology

- Routine EEG
- Ambulatory EEG
- EMG/NCV (1 lower only)
- EMG/NCV (1 upper only)
- EMG/NCV (1 upper, 1 lower)
- EMG/NCV (bilat up, 1 lower)
- ENG - Basic vestibular evaluation & caloric vestibular test
- Long-term EEG (>1 hour)
- Other: \_\_\_\_\_
- EMG/NCV (bilateral lowers)
- EMG/NCV (bilateral uppers)
- EMG/NCV (1 upper, bilateral lowers)
- EMG/NCV (bilat uppers/lowers)

## Nuclear Medicine

### MUSCULOSKELETAL SYSTEM

- Bone Scan
  - \_\_\_ Limited
  - \_\_\_ 3-Phase
  - \_\_\_ Bone Marrow Scan Limited
- \_\_\_ W/B
- \_\_\_ Bone SPECT
- \_\_\_ Other: \_\_\_\_\_

### RESPIRATORY SYSTEM

- Lung (VQ) Multiple
- Lung-Differential

### GENITOURINARY SYSTEM

- Renal Single Study Flow & Function
- Renal Imaging (Cortical) SPECT (DMSA)
- Proscint
- Adrenal Tumor Loc W/B I-123 MIBG
- Renal Single Study (Captopril) (Lasix)
- Testicular w/Vascular Flow

### NERVOUS SYSTEM / LYMPHATIC SYSTEM

- Ventricular Shunt
- Lymphatics & Lymph Gland Imaging

### ENDOCRINE SYSTEM

- Thyroid Uptake & Scan
- Thyroid (Ablation)
- Thyroid Metastatic Scan W/B no pharmaceutical (post ablation)
- Parathyroid Imaging
- Thyroid Therapy (Hyper)
- Parathyroid Imaging w/SPECT

### TUMOR OR ABSCESS LOCALIZATION

- Abscess localization W/B (indium) WBC
- Abscess localization Ltd. (indium)
- Abscess localization Ltd. (Cerete/WBC)
- Abscess localization W/B (Cerete/WBC)
- Tumor Localization SPECT (Cerete/Ind.)
- Tumor Localization W/B Octreotide
- Tumor Localization SPECT Octreotide

### PECT/CT IMAGING

- Tumor Initial Treatment
- Whole Body (Melanoma/Lymphoma)
- Ltd. Area (Pulmonary lung nodules)
- Brain (Seizure) (Perfusion)
- Tumor Subsequent Treatment
- Myocardial Metabolic Eval (viability)

## RESPIRATORY/PULMONOLOGY

- Spirometry
- Diffusion - DLCO
- Pulse Oximetry
- Metacholine Challenge Test
- Other: \_\_\_\_\_
- Lung Volume
- PFT Complete
- Rest
- Walking
- Arterial blood gases

## SLEEP MEDICINE

- Polysomnography (PSG) - diagnostic
- Polysomnography w/CPAP/BiPAP
- Multiple Sleep Latency Test with PSG
- Home Sleep Study - diagnostic
- Home Sleep Study (CPAP) - therapeutic
- Other: \_\_\_\_\_

## ULTRASOUND - GENERAL

- ABD Aorta
- ABD Complete
- RUQ Limited ABD
- Bladder
- Scrotum/Testicle
- Pelvis transabdominal
- Carotid Duplex
- AV Fistula
- Kidney
- Liver
- Thyroid
- Soft-tissue Focused
- Duplex Scan of Abdomen
- Pelvis Transvaginal
- Renal Artery Duplex
- Other: \_\_\_\_\_

## ULTRASOUND - OBSTETRICAL

- Pregnancy
- Fetal biophysical profile no stress
- OB < 14 wks single or 1st gestation

## ULTRASOUND - INFANT

- Spinal Canal
- Pyloric Stenosis
- Hips - Infant w/Manipulation
- Neonatal Infant/Head

## THYROID BX - US GUIDED

- Guided Thyroid Neck Biopsy
- \_\_\_ R \_\_\_ L \_\_\_ Bilat Size of Nodule: \_\_\_\_\_

## VASCULAR

- Upper Extremity Venous \_\_\_ R \_\_\_ L \_\_\_ Bilateral
- Upper Extremity Venous Mapping Bilateral
- Lower Extremity Venous \_\_\_ R \_\_\_ L \_\_\_ Bilateral
- Lower Extremity Venous Mapping Bilateral
- Duplex Upper Extremity Arterial \_\_\_ R \_\_\_ L \_\_\_ Bilateral
- Duplex Lower Extremity Arterial \_\_\_ R \_\_\_ L \_\_\_ Bilateral
- Duplex Upper Extremity Arterial \_\_\_ R \_\_\_ L \_\_\_ Bilateral
- Ankle Brachial Index
- Ankle Brachial Index w/Exercise
- Arterial Doppler Legs Bilateral