

# 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 571.423.5400**

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)  
 Lateral Neck (soft tissue)  
 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): \_\_\_\_\_

**Physicians:**

Fax Clinical Notes to Pediatric Reception:  
703.776.3836

Fax Anesthesia Notes to:  
703.776.6388

**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): \_\_\_\_\_

**CT Scan (Body)**

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

**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): \_\_\_\_\_

**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:**

**Genitourinary Fluoroscopy (X-Ray)**

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

**Ultrasound**

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

**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): \_\_\_\_\_

**MRI (Body)\*\***

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

**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.

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 ContributoryPast 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 or CT, 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, X-Ray, or nuclear medicine, park in the Blue Garage and proceed directly to Pediatric Imaging on the ground floor in the Professional Services building.

**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 1-5 years, fast 4 hours
- Children over 5 years, fast overnight

Please bring something that your child likes to drink, either to be used during the exam or afterwards.

**• 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 1-5 years, fast 4 hours
- Children over 5 years, fast overnight

**• 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.

