

## **DEPARTMENT OF RADIOLOGY ADULT**

**Central Scheduling Phone: 832-TC4-XRAY [832-824-9729]**Fax: 832-825-5306

Pavilion for Wome

□ ROUTINE

☐ ASAP [PERFORMED WITHIN 2-4 HOURS]
☐ STAT [LIFE OR LIMB THREATENING; PERFORM IMMEDIATELY]

☐ DO YOU WISH TO RECEIVE A PHONE CALL REPORT IMMEDIATELY AFTER STUDY IS READ BY RADIOLOGIST? PLEASE PROVIDE PHONE # TO CALL:

for Women										
PHYSICIAN ORDER FORM							Page 1 of 2			
Patient's Name:										
Last		First M.I.								
D.O.B.: / /	Home Phone:		Cell Phone:							
mm dd yyyy										
Address:				City		State Zip				
Guarantor Email:										
Insurance/Medicaid Plan:			Policy & Group #:							
Authorization #:		Please	Please also fax copy of insurance card front & back with this order							
Reason for Exam: (Signs, Symptoms, Chief Complaint):		,								
Ordering Physician's Signature:			Office Contact:  Practice Phone:  Backline Phone:							
Physician Name:				Fax:						
Date/Time Signed:			SPECIAL INSTRUCTIONS:  Schedule for Date/Time: Send CD with patient							
PCP Name (if different):		_								
ULTRASOUND										
PELVIC  ☐ Adult Pelvis Transvaginal & Transabdominal ☐ Adult Pelvis Transvag & Transabd w/Doppler (ova ☐ Adult Pelvis IUD Check (w/ 3D) ☐ Adult Pelvis Infertility (w/ 3D) ☐ Pelvis Complete (Transabdominal only) ☐ Pelvis Transvaginal & Transabdominal with Sonol ☐ Soft Tissue (Vulva) ☐ Pelvic Floor Evaluation ☐ Pelvic Spintcher Evaluation  PELVIC OB		☐ Abdomer ☐ Abdomer ☐ Right Up; ☐ Abdomin: ☐ Renal Co ☐ Renal Do ☐ Appendix	per Quadra n Complete n Complete per Quadra al Abscess implete ppler ( Aorta, Infer al Wall	ant (Gallbladder) e w/ Doppler ant w/ Doppler i, Fluid Collection						
☐ Pregnancy, 1 <sup>st</sup> Trimester (Transabdominal & Tran☐ Pregnancy, Uterus Limited + Fetuses☐ Pregnant Uterus F/U Transabd APP	nsvaginal)	VASCULAF □ Lower Ex □ Upper Ex	R tremity Ve	nous Doppler Unilatera nous Doppler Unilatera						
SOFT TISSUE  □ Soft Tissue Head/Neck □ Soft Tissue Lower Back and Buttocks □ Soft Tissue Torso □ Soft Tissue Extremity (Non-vascular)	□ Carotid D  SMALL PAI □ Breast Ui □ Thyroid □ Other-Sp	RTS nilateral, L	mited (for abscess onl	y)	□ L □ R 					
X-RAY										
□ Sinuses [3 + views] □ Neck Soft Tissue □ C-Spine □ 2-3 views □ 4-5 views □ C-Spine [Flex-Ext] □ T-Spine [2 views] □ L-Spine □ 2-3 views □ 4-5 views □ L-Spine Lateral Bending [2 or 3 views] □ L-Spine [Flex-Ext] □ T-Spine [Flex-Ext] □ T-Spine [Flex-Ext]	Abdomen [2 views] Chest [2 views] Ribs Unilateral Clavicle Shoulder Humerus [2 views] Elbow [3 views] Forearm [2 views] Wrist [3 views] Hand [3 views]	OL OR OL OR OL OR OL OR OL OR	☐ Pelvi ☐ Hips ☐ Femi ☐ Knee ☐ Tibia ☐ Ankle	er(s) Specify s [1 or 2 views] ur [2 views] [3 views] (Fibula [2 views] [3 views] [3 views] s) Specify	OL OR	□ DXA Bone Density □ Other-Specify	,			



Pavilion

for Women

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PHYSICIAN ORDER FORI	М							Page 2 of 2
СТ	☐ Without Contrast		☐ With Contr	ast		☐ Other-Specif	fy	
□ Head/Brain       □ Abdomen/Pelvis (w         □ Orbit       □ Abd/Pelvis (w/o composed of the com		ntrast) [Renal Stone] without contrast)	☐ Hand ☐ Finger(s) Specify ☐ Hip(s) ☐ Femur ☐ Knee ☐ Tibia/Fibula ☐ Ankle ☐ Foot ☐ Toe(s) Specify ☐ 3D Rendering		_	CT ANGIOGRAPHY  Head Neck Chest Pulmonary Embolism (with contrat) Chest/Abdomen/Pelvis (with contrast) Upper Extremity		ast)
Neurologic  Brain  Brachial Plexus  Cervical Spine  Thoracic Spine  Lumbar Spine  Face  IACs Orbits Pituitary Neck Temporal mandibular Joints		With AND Without Control of the Cont	□ R □ R □ R □ R □ R □ R □ R □ R □ R □ R	Body Abdomen Chest Cardiac Fetal Pelvis (Gyn)	tremity [Upper/Lc	pecify)		
MRV □ Brain □ No	eck   Chest	☐ Abdomen	☐ Pelvis	⊔ Ext	tremity [Upper/Lo	owerj	_	
FLUOROSCOPY    Hysterosalpingogram (HSG)   Esophagram   SBFT (Small Bowel)   Upper GI   Contrast Enema   Voiding Cystourethrogram [VCl	UG]	MUSCULOKELETA  ☐ Arthrocentesis:M ☐ Steroid Injection ☐ Tendon Sheath Ir ☐ Ganglion Cyst As	RI (Arthrogram	L R Sho	oulder/Elbow/Wr oulder/Elbow/Wr oulder/Elbow/Wr oulder/Elbow/Wr	ist/Finger/Hip/Kr ist/Finger/Hip/Kr	nee/Ankle/Toe	tion
INTERVENTIONAL RADIOLOGY  ☐ Fine Needle Aspiration ☐ Thoracentesis ☐ Paracentesis	PICC Placement Exchange Removal Reposition	□L □R	<ul><li>□ Port Plac</li><li>□ Central L</li><li>□ Nephrogr</li></ul>	onal Consult ement/Removal ine Placement [Ap		☐ Drain Placement, Nephrostomy ☐ Biopsy ☐ Pleura ☐ Liver Percutaneous ☐ Thyroid ☐ Other		
Texas Children's Pavilion for Wood 6651 Main Street, 4th floor	omen (in the Texas M	edical Center]					Maternal & Fetal Center	

Houston, TX 77030 women.texaschildrens.org

## Parking Options:

- Park in Garage 21 (located underneath the Pavilion for Women)
- Take the elevators to the 4th floor
- Go straight past a set of elevators and make a left
- Walk past the wall of windows and you will see Women's Radiology on the right

## **Directions from the Lobby/Valet:**

- Take the first set of elevators to the 4th floor
- Exit the elevator and walk down the hall of windows
- Women's Radiology will be on the right hand side near escalators

## **Directions from West Tower:**

- Take elevator to third floor
- Use the bridge connection West Tower to the Pavilion for Women
- Take the escalator up to the 4<sup>th</sup> floor (escalators will be before you get to the Starbucks)
- Women's Radiology will be directly in front of the escalators

