

PEDIATRIC REFERRAL FORM



www.raleighrad.com

Appointment Date & Time _____

Please call patient to schedule

- Blue Ridge Clayton Oberlin
 Cary Fuquay-Varina Wake Forest
PEDS RADIOLOGIST ONSITE MON-FRI 8 AM - 5PM Knightdale

Pediatric Scheduling: Phone: 919-322-4538 | Fax: 919-400-4745

- Routine (reports faxed automatically)
 Schedule STAT (No Call Report)
 Call report, patient may leave
Phone # _____
 Call report, patient to wait
Phone # _____
 Send w/ patient
 CD
 Send by courier
 CD

Patient's Name Last First MI Birthdate / /

Parent's Name Last First MI

Contact Info Home Cell Work Email

Insurance (type) (Policy #) Group # (Authorization #)

Physician's Name (print) First Last Practice Name & Address Required Physician's Signature (No stamps allowed) Date

Exam requested (or select below) Previous related studies? If so, where?

Reason for exams/symptoms Specific protocol needs
This order authorizes Raleigh Radiology to perform lab procedures on patients as deemed medically necessary.
This is a condensed pediatric specific list of exams. See standard ordering form for complete list of studies offered.

Ultrasound CT MRI X-Ray

- Schedule with onsite Pediatric Radiologist
 Abdomen Complete (Hepatobiliary, Urinary, Spleen, Pancreas)
 Abdomen Limited
 Appendix ** Hernia
 Intussusception ** Pyloric Stenosis **
 RUQ Spleen
 Breast limited L R
 Extremity soft tissue: (Specify) _____
 Extremity Venous (DVT): Upper Lower
 L R B
 Head (<12 months) **
 Hips morphology (< 6 months) *
 Hips limited (effusion) L R
 Neck
 Renal
 Testicular
 Thyroid
 Transabdominal Pelvis Add Ovarian Flow
 Soft Tissue (Specify location) _____
 Spine (<6 months) **
 Other _____

Fluoroscopy

- Esophogram/Barium Swallow *
 Upper GI *
 Small bowel follow through *
 Barium Enema *
 Other _____ *

- Contrast as medically indicated
 Abdomen & Pelvis w/ contrast
 Abdomen & Pelvis w/o (renal stones)
 Chest w/o (pneumonia, airways)
 Chest low dose (pectus excavatum) 3D
 Chest w/ (abscess, necrosis, lymphadenopathy)
 Chest CTA (pulmonary embolism, AVM, great vessels)
 CT enterography
 Head w/o contrast
 Face/Orbits/Sinus w/o (fracture, sinusitis)
 w/ Image Guidance Protocol
 Face/orbits/sinus w/ (infection, mass)
 Soft Tissue neck w/ (infection, mass)
 Spine w/o
 Cervical Thoracic Lumbar
 Extremity / Joint w/o (Trauma) 3D
(Specify) _____
 L R B
 Extremity / Joint w/ (infection) 3D
(Specify) _____
 L R B
 Other _____

- Contrast as medically indicated
 Abdomen
 w/o w/ & w/o
 Add MRCP Add Renal artery MRA
 Pelvis
 w/o w/ & w/o
 Brain
 w/o w/ & w/o
 Add MRA Add MRV
 Spine
 Cervical Thoracic Lumbar
 w/o w/ & w/o
 Extremity w/o (Trauma) (Specify) _____
 L R B
 Extremity w & w/o (infection, mass)
(Specify) _____
 L R B
 Joint w/o (Specify) _____
 w/ Arthrogram
 Joint w/ & w/o (Specify) _____
 w/ Arthrogram
 Other _____

- Abdomen 1 view
 Abdomen 2 view
 Abdomen 2 view + 1 view chest
 Bone Age
 Chest 1 view
 Chest 2 view foreign body suspected
 Extremity and Joints
(Specify) _____ L R B
 Pelvis
 DEXA
 Foreign Body Check
 Neck, Soft tissue
 Sacrum/Coccyx
 Scoliosis series 2 views
 Sinuses
 Skeletal Survey
 Skull
 Spine
 Cervical Thoracic Lumbar
 Other _____

Clinicians - if you need to consult with a pediatric radiologist and you are in the WakeMed system, we recommend you utilize "Rapid Connect" search "ped rad" and choose: "Raleigh Radiology-Pediatric On Call". A pediatric radiologist is on call 24/7.



* Onsite Pediatric Radiologist required ** These exams can be performed at all sites, but may benefit from being done with a pediatric radiologist onsite. Check the box if you would like the exam scheduled with a pediatric radiologist onsite.

PREPARING FOR YOUR CHILD'S RADIOLOGY EXAM

Your child's physician has referred you to Raleigh Radiology's Pediatric Imaging department. We look forward to caring for your child and ask that you follow the instructions in preparation for your child's procedure. If you have any concerns or questions, call our dedicated pediatric scheduling line at 919-322-4538.

SEDATION

Raleigh Radiology wants the best care for your child. Sedating a pediatric patient in an outpatient setting is not preferred. If you feel your child will need sedation to get through their CT or MRI scans, we will refer you to WakeMed where one of our pediatric radiologists is onsite and your child can be monitored appropriately.

ULTRASOUND

Abdomen - Nothing to eat or drink (NPO) for:
 2 hours if infants less than 2 years of age
 3-4 hours if 2-5 years of age
 6 hours if older than 5 years of age

Appendix, Intussusception, Neonatal Head, Hip or Spine - No Prep

Renal - Full bladder (if older than 3 yo)

Pylorus Ultrasound - Please note time of last feed. Bring an empty bottle.

FLUOROSCOPY

Esophogram/Barium Swallow

Infants (0-2 years of age): NPO for 3 hours
 Children older than 2: NPO for 4 hours

Upper GI (UGI) and Small Bowel Follow Through

Infants (0-2 years of age): NPO for 3 hours
 Children older than 2: NPO for 4 hours

Barium Enema

Infants (0-2 years of age) and any child referred for constipation or to rule out Hirschsprung's disease: No prep.
 All other indications, please call our office to have the Pediatric Radiologist provide a specific prep.

CT

Abdomen & Pelvis - No Prep

CT Enterography - Nothing to eat or drink 4 hours prior to exam. Once the patient arrives, they will be given Volumen contrast to drink at various intervals.

MRI

Children under 6 yrs old most likely will need sedation - this can be done at WakeMed where a pediatric radiologist is onsite. The MRI machine is always on, generating a powerful magnetic field. Certain metallic devices and objects when in close proximity to the magnet may pose a significant safety hazard or affect the quality of the study.

MRI PATIENT SAFETY QUESTIONS

Please answer the following questions on behalf of the patient AND accompanying parent/guardian:

Yes No

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> | Cardiac defibrillator, pacemaker | <input type="checkbox"/> <input type="checkbox"/> | Prosthesis (ie. Eye, limb) |
| <input type="checkbox"/> <input type="checkbox"/> | Cochlear implant | <input type="checkbox"/> <input type="checkbox"/> | Bullet, BB, shrapnel |
| <input type="checkbox"/> <input type="checkbox"/> | Nerve stimulator | <input type="checkbox"/> <input type="checkbox"/> | Medicated skin patches |
| <input type="checkbox"/> <input type="checkbox"/> | Shunt, coils, clips, stents | <input type="checkbox"/> <input type="checkbox"/> | Tattoos |
| <input type="checkbox"/> <input type="checkbox"/> | Other implanted medical device (ie. infusion pump, heart valve, etc.) | <input type="checkbox"/> <input type="checkbox"/> | Body piercings |
| | If yes, provide the name of the device and the date of the placement | <input type="checkbox"/> <input type="checkbox"/> | Do you work with metal, or have had an eye injury involving a metal fragment? |
| | _____ | <input type="checkbox"/> <input type="checkbox"/> | Have you ever had surgery or an invasive procedure? If yes, please provide the date and type of surgery/procedure. _____ |

For females of childbearing age:

- | | | | |
|---|--|---|---------------------|
| <input type="checkbox"/> <input type="checkbox"/> | Is there any chance you may be pregnant? | <input type="checkbox"/> <input type="checkbox"/> | Do you have an IUD? |
|---|--|---|---------------------|

The following are to be answered on behalf of the patient ONLY.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> <input type="checkbox"/> | Do you have kidney failure? | <input type="checkbox"/> <input type="checkbox"/> | Was sedation necessary? |
| <input type="checkbox"/> <input type="checkbox"/> | Have you ever had an MRI? | <input type="checkbox"/> <input type="checkbox"/> | Have you had an allergic reaction to MRI contrast? |
| | If Yes, please specify the following:
Reason for MRI: _____ | <input type="checkbox"/> <input type="checkbox"/> | Do you feel anxious in small spaces? |
| | Location: _____ | <input type="checkbox"/> <input type="checkbox"/> | Do you require a wheelchair? |
| | | | Current weight: _____ |

Please bring a list of all medications

Our Pediatric Radiologists provide sub-specialty reads at all locations.

Raleigh Radiology Blue Ridge

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Raleigh Radiology Cary

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Raleigh Radiology Clayton

11618 US 70 Business, Suite 102, Clayton, NC 27520
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Raleigh Radiology Fuquay-Varina

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Raleigh Radiology Knightdale

1101 Great Falls Court, Suite 100, Knightdale, NC 27545
 T 919-781-1437 F 919-787-4870

Raleigh Radiology Oberlin

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Raleigh Radiology Wake Forest

11640 Northpark Drive, Suite 110, Wake Forest, NC 27587
 T 919-781-1437 F 919-787-4870

Onsite Pediatric Radiologist Raleigh Radiology Cary



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