

PEDIATRIC REFERRAL FORM

Pediatric Scheduling:
Phone: 919-322-4538 | Fax: 919-400-4745
schedulingteam@raleighrad.com

Please call patient to schedule

Patient's Name Last _____ First _____ MI _____ Birthdate ____/____/____

Parent's Name Last _____ First _____ MI _____

Parent's Phone 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 _____ **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.

Fax STAT

Call STAT Report, patient may leave
Phone # _____

Call STAT Report, patient waiting
Phone # _____

RR to obtain authorization

Clinical notes attached

ICD-10 code(s)

CDS # _____

Ultrasound	CT	MRI	X-Ray
<input type="checkbox"/> Schedule with onsite Pediatric Radiologist <input type="checkbox"/> Abdomen Complete <i>(Hepatobiliary, Urinary, Spleen, Pancreas)</i> <input type="checkbox"/> Abdomen Limited <input type="checkbox"/> Appendix ** <input type="radio"/> Hernia <input type="checkbox"/> Intussusception ** <input type="radio"/> Pyloric Stenosis ** <input type="checkbox"/> RUQ <input type="radio"/> Spleen <input type="checkbox"/> Breast limited <input type="radio"/> L <input type="radio"/> R <input type="checkbox"/> Extremity soft tissue: <i>(Specify)</i> _____ <input type="checkbox"/> Extremity Venous <i>(DVT):</i> <input type="radio"/> Upper <input type="radio"/> Lower <input type="checkbox"/> <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B <input type="checkbox"/> Head <i>(<12 months)</i> ** <input type="checkbox"/> Hips morphology <i>(< 6 months)</i> * <input type="checkbox"/> Hips limited <i>(effusion)</i> <input type="radio"/> L <input type="radio"/> R <input type="checkbox"/> Neck <input type="checkbox"/> Renal <input type="checkbox"/> Testicular <input type="checkbox"/> Thyroid <input type="checkbox"/> Transabdominal Pelvis <input type="radio"/> Add Ovarian Flow <input type="checkbox"/> Soft Tissue <i>(Specify location)</i> _____ <input type="checkbox"/> Spine <i>(<6 months)</i> ** <input type="checkbox"/> Other _____	<input type="checkbox"/> Contrast as medically indicated <input type="checkbox"/> Abdomen & Pelvis w/ contrast <input type="checkbox"/> Abdomen & Pelvis w/o <i>(renal stones)</i> <input type="checkbox"/> Chest w/o <i>(pneumonia, airways)</i> <input type="checkbox"/> Chest low dose <i>(pectus excavatum)</i> <input type="radio"/> 3D <input type="checkbox"/> Chest w/ <i>(abcess, necrosis, lymphadenopathy)</i> <input type="checkbox"/> Chest CTA <i>(pulmonary embolism, AVM, great vessels)</i> <input type="checkbox"/> CT enterography <input type="checkbox"/> Head w/o contrast <input type="checkbox"/> Face/Orbits/Sinus w/o <i>(fracture, sinusitis)</i> <input type="checkbox"/> <input type="radio"/> w/ Image Guidance Protocol <input type="checkbox"/> Face/orbits/sinus w/ <i>(infection, mass)</i> <input type="checkbox"/> Soft Tissue neck w/ <i>(infection, mass)</i> <input type="checkbox"/> Spine w/o <input type="checkbox"/> <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="checkbox"/> Extremity/Joint w/o <i>(Trauma)</i> <input type="radio"/> 3D <i>(Specify)</i> _____ <input type="checkbox"/> <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B <input type="checkbox"/> Extremity / Joint w/ <i>(infection)</i> <input type="radio"/> 3D <i>(Specify)</i> _____ <input type="checkbox"/> <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B <input type="checkbox"/> Other _____	<input type="checkbox"/> Contrast as medically indicated <input type="checkbox"/> Abdomen <input type="radio"/> w/o <input type="radio"/> w/ & w/o <input type="checkbox"/> Add MRCP <input type="radio"/> Add Renal Artery MRA <input type="checkbox"/> Pelvis <input type="radio"/> w/o <input type="radio"/> w/ & w/o <input type="checkbox"/> Brain <input type="radio"/> w/o <input type="radio"/> w/ & w/o <input type="checkbox"/> Add MRA <input type="radio"/> Add MRV <input type="checkbox"/> Spine <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> w/o <input type="radio"/> w/ & w/o <input type="checkbox"/> Extremity w/o <i>(Trauma)</i> <i>(Specify)</i> _____ <input type="checkbox"/> <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B <input type="checkbox"/> Extremity w & w/o <i>(infection, mass)</i> <i>(Specify)</i> _____ <input type="checkbox"/> <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B <input type="checkbox"/> Joint w/o <i>(Specify)</i> _____ <input type="checkbox"/> w/ Arthrogram <input type="checkbox"/> Joint w/ & w/o <i>(Specify)</i> _____ <input type="checkbox"/> w/ Arthrogram <input type="checkbox"/> Other _____	<input type="checkbox"/> Abdomen 1 view <input type="checkbox"/> Abdomen 2 view <input type="checkbox"/> Abdomen 2 view + 1 view chest <input type="checkbox"/> Bone Age <input type="checkbox"/> Chest 1 view <input type="radio"/> foreign body suspected <input type="checkbox"/> Extremity and Joints <i>(Specify)</i> _____ <input type="radio"/> L <input type="radio"/> R <input type="radio"/> B <input type="checkbox"/> Pelvis <input type="checkbox"/> DEXA <input type="checkbox"/> Foreign Body Check <input type="checkbox"/> Neck, Soft tissue <input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> Scoliosis series <input type="radio"/> 2 views <input type="checkbox"/> Sinuses <input type="checkbox"/> Skeletal Survey <input type="checkbox"/> Skull <input type="checkbox"/> Spine <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="checkbox"/> Other _____
Fluoroscopy			
<input type="checkbox"/> Esophagram/Barium Swallow * <input type="checkbox"/> Upper GI * <input type="checkbox"/> Small bowel follow through * <input type="checkbox"/> Barium Enema * <input type="checkbox"/> VCUGs <input type="checkbox"/> 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 infant is 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 years of age)

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

FLUOROSCOPY

Esophagram/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.)
If yes, provide the name of the device
and the date of the placement | <input type="checkbox"/> <input type="checkbox"/> | Body piercings |
| | _____ | <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?
If Yes, please specify the following:
Reason for MRI: _____
Location: _____ | <input type="checkbox"/> <input type="checkbox"/> | Have you had an allergic reaction to MRI contrast? |
| | | <input type="checkbox"/> <input type="checkbox"/> | Do you feel anxious in small spaces? |
| | | <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.

Phone: 919-781-1437 Fax: 919-787-4870

Raleigh Radiology Blue Ridge

3200 Blue Ridge Road, Suite 100
Raleigh, NC 27612

Raleigh Radiology Cary

150 Parkway Office Court, Suite 100
Cary, NC 27518

Raleigh Radiology Chapel Hill

120 Banks Drive, Suite 110
Chapel Hill, NC 27514

Raleigh Radiology Clayton

11618 US 70 Business, Suite 102
Clayton, NC 27520

Raleigh Radiology Fuquay-Varina

601 Attain Street, Suite 100
Fuquay-Varina, NC 27526

Raleigh Radiology Holly Springs

1060 S Main Street, Suite 110
Holly Springs, NC 27540

Raleigh Radiology Knightdale

1101 Great Falls Court, Suite 100
Knightdale, NC 27545

Raleigh Radiology Midtown

5111 Falls of Neuse Road, Suite 100
Raleigh, NC 27609

Raleigh Radiology Oberlin

505 Oberlin Road, Suite 110
Raleigh, NC 27605

Raleigh Radiology South

2400 N Main Street, Suite 150
Fuquay Varina, NC 27526

Raleigh Radiology Wake Forest

11640 Northpark Drive, Suite 110
Wake Forest, NC 27587