Rady Children's Health

Imaging Exam Requistion

For additional information:

PATIENT NAME (Last) _____ (First)_____ DOB ___/___/___ SEX_____

PATIENT PHONE# _____ DIAGNOSIS **(Required)** _____

***Reason for exam should establish medical necessity and may include signs, symptoms or abnormal test results**

****We CANNOT accept "Rule Out", "Probable", "Possible", "Suspected", "Questionable", "Follow-UP" or Diagnosis Codes**

EXAM REPORTS/RESULTS

_____ Routine _____ STAT _____ **Hold and Call Report** Phone (_____)_____ Fax (_____)_____

PHYSICIAN **SIGNATURE (Required)**_____ Date **(Required)** _____/_____/_____

EXAM REQUESTED: Please check box carefully for requested study and complete required section(s) below.

No Appointment Needed

GENERAL X-RAY

- ☐ CHEST 2 VIEW (PA & LAT)
- ☐ ABDOMEN 1 VIEW (KUB)
- ☐ ABD COMPLETE (Include LLD Erect)
- ☐ ABDOMEN ACUTE SERIES
- ☐ SHUNT SERIES
- ☐ BONE AGE STUDIES
- ☐ BONE SURVEY COMPLETE
- ☐ BONE HEMISKELETON (24mos. and under)
- ☐ NECK SOFT TISSUE
- ☐ SPINE COMPLETE (*Choose Below*)
  ____ C-SPINE ____ T-SPINE ____ L-SPINE
- ☐ SPINE THORACOLUMBAR (Scoliosis)
- ☐ FINGER __RT __LT Digit: 1 2 3 4 5
- ☐ HAND ____RT ____ LT
- ☐ WRIST ____ RT ____ LT
- ☐ FOREARM ____ RT ____ LT
- ☐ ELBOW ____ RT ____ LT
- ☐ HUMERUS ____RT ____ LT
- ☐ SHOULDER ____RT ____ LT
- ☐ RIBS ____RT ____ LT
- ☐ SKULL
- ☐ SINUSES
- ☐ TOE __RT __LT Digit: 1 2 3 4 5
- ☐ FOOT ____RT ___ LT
- ☐ ANKLE ____RT ___ LT
- ☐ TIBIA/FIB ____RT ___ LT
- ☐ KNEE ____RT ___ LT
- ☐ FEMUR ____RT ___ LT
- ☐ HIP BILAT w/PELVIS
- ☐ PELVIS ___ 1 VIEW ___ 2 VIEW
- ☐ BILAT STANDING LOWER EXTREMITY
- ☐ SCANOGRAM BONE LENGTH
- ☐ OTHER (*Specify*)_____

Scheduled Appointment Required

FLUOROSCOPY (FL) - Must be scheduled

- ☐ UGI
- ☐ UGI and SMALL BOWEL
- ☐ SMALL BOWEL SERIES
- ☐ RETROGRADE VCUG
- ☐ CONTRAST ENEMA
- ☐ ESOPHOGRAM
- ☐ DYSPHAGIA
- ☐ OTHER (*Specify*)_____
- ☐ LUMBAR PUNCTURE
  ___ with Anesthesia ___ without Anesthesia
- ☐ FL ARTHROGRAM (*Specify*)
  Site _____ Side_____

ULTRASOUND (US) - Must be scheduled

- ☐ ABDOMEN COMPLETE
- ☐ ABDOMEN LIMITED
- ☐ DUPLEX DOPPLER COMPLETE
- ☐ DUPLEX DOPPLER LIMITED
- ☐ RENAL
- ☐ AORTA ☐ IVC DOPPLER
- ☐ CRANIAL
- ☐ THYROID
- ☐ HEAD & NECK SOFT TISSUE
- ☐ PYLORUS
- ☐ HIPS: ___ STATIC ___ DYNAMIC
- ☐ PELVIS
- ☐ TESTICULAR
- ☐ VENOUS DOPPLER STUDY_____
- ☐ ARTERIAL DOPPLER STUDY_____

COMPUTED TOMOGRAPHY (CT) - Must be scheduled

- ☐ BRAIN
- ☐ FACE
- ☐ SINUSES
- ☐ MEDTRONIC SINUS FUSION
- ☐ ORBITS
- ☐ IAC (TEMPORAL BONES)
- ☐ NECK
- ☐ CHEST
- ☐ ABDOMEN
- ☐ PELVIS
- ☐ SPINE (*Choose Below*)
  ____ C-SPINE ____ T-SPINE ____ L-SPINE
- ☐ HIPS: ___ RT ___ LT
- ☐ EXTREMITY ____RT ____LT ____BILAT
- ☐ CT ANGIOGRAPHY (*Choose Below*)
  ___ Coronary ___ Neck
  ___ Brain ___ Chest
  ___ Abdomen ___ Pelvis
- ☐ OTHER (*Specify*)_____

I.V.Contrast? ____ With ____ Without **Anesthesia Needed?** ____ Yes ____ No

MAGNETIC RESONANCE IMAGING (MRI) - Must be scheduled

- ☐ HEAD ☐ ORBITS
- ☐ PITUITARY ☐ IAC'S
- ☐ NECK ☐ FACE
- ☐ ABDOMEN ☐ PELVIS
- ☐ HAND ____ RT ____LT ____BILAT
- ☐ WRIST ____ RT ____LT ____BILAT
- ☐ ELBOW ____ RT ____LT ____BILAT
- ☐ FOREARM ___RT ____LT ____BILAT
- ☐ HIP ___ RT ____LT ____BILAT
- ☐ FEMUR ____ RT ____LT ____BILAT
- ☐ KNEE ____ RT ____LT ____BILAT
- ☐ TIB/FIB ____ RT ____LT ____BILAT
- ☐ ANKLE ____ RT ____LT ____BILAT
- ☐ FOOT ____ RT ____LT ____BILAT
- ☐ SHOULDER ____ RT ____LT ____BILAT
- ☐ HUMERUS ____ RT ____LT ____BILAT
- ☐ SPINE (*Choose Below*)
  ____C-SPINE ____T-SPINE ____L-SPINE
- ☐ MR ANGIOGRAPHY (*Choose Below*)
  ___ NECK ___ HEAD
  ___ CHEST ___ ABDOMEN
  ___ PELVIS
  ___ UPPER EXTREMITY
  ___ LOWER EXTREMITY
- ☐ MR ARTHROGRAM (*Specify*)
  Site _____ Side_____
- ☐ OTHER (*Specify*)_____

I.V.Contrast? ____ With ____ Without ____ Without & With **Anesthesia Needed?** ____ Yes ____ No

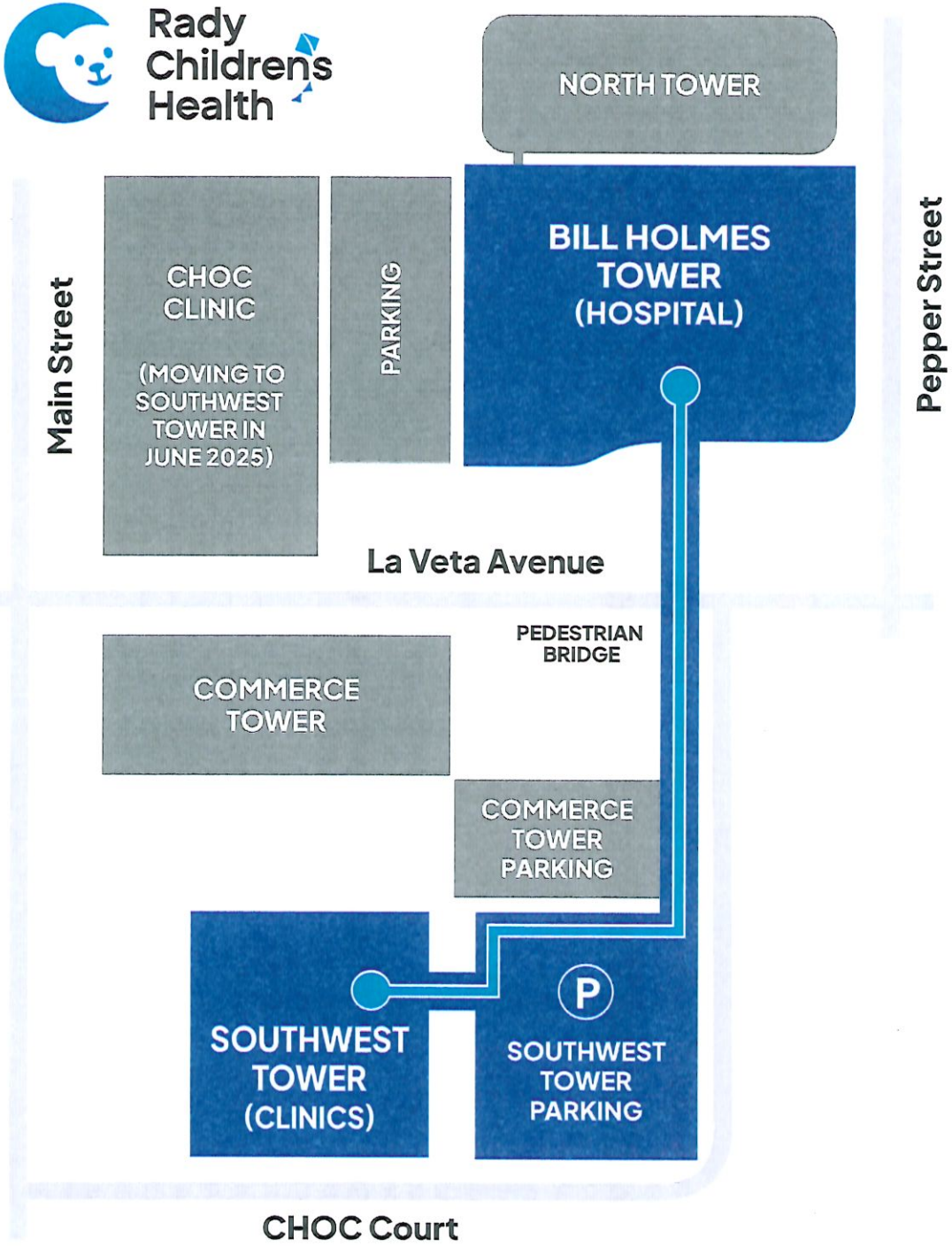
NUCLEAR MEDICINE (NM) - Must be scheduled

- ☐ GENERAL NUCs:_____
- ☐ PET CT: _____
- ☐ OTHER (Specify)_____

Scheduling # 888-770-CHOC (2462) **Scheduling Fax # 844-890-2297**

****Please call to schedule your exam after authorization has been obtained.****

Rady Children's Health



SAFE WALKING PATH
SOUTHWEST TOWER TO BILL HOLMES TOWER

- Use the Southwest Tower's Level 2 Bridge into the Parking Structure.
- Use the Level 2 Parking Structure Pedestrian path to the double doors.
- Enter through the double doors and follow the hallway to the bridge.
- Cross the bridge and enter the next set of double doors into the Hospital.
- Proceed to check in at the desk for a visitor badge.

Choco Tracks

Navigating the new Southwest Tower is simple with Choco Tracks, our free indoor navigation app designed for patients and families. Our free wayfinding app Choco Tracks helps you:

- Get driving directions from home to Southwest Tower.
- Pin your parking spot.
- Navigate to your appointment.
- Find restrooms and amenities.

SCAN FOR Choco Tracks!

MAP NOT TO SCALE
9/25/2025