Physician Order Form for Imaging Services





REQUIRED FIELDS: PATIENT DEMOGRAPHICS AND PHYSICIAN ORDER INFORMATION **Patient Name:** Height: Weight: Phone: Referring Physician Name: Signature: ☐ URGENT ☐ ROUTINE Phone: Fax: ICD-10 Code(s): Authorization Number: ICD-10 Description (Required: if missing, order will be returned for correction): Authorization Dates: Expected by (date): For OHSU referred patients, the ordering ☐ Send images via Cloud Additional Information: clinic is responsible for obtaining authorization **CHECK ALL THAT APPLY** ☐ Needs physical assistance ☐ Difficult IV start □ Port □ PICC □ Other central line: ☐ Needs interpreter. Language: ☐ Patient has a trach ☐ Patient on a ventilator ☐ Coming from care facility Facility contact name: ☐ Pregnant, # weeks: Facility contact number: ☐ Pediatric sedation ☐ Adult general anesthesia Anxiolytics needed? Indicate reason for meds/sedation/GA on page 3. **MRI** (failure to document implants may delay patient care) \square Pacemaker \square DBS \square Other implant: Make/model/implant date: UNS (Vagus Nerve Stimulator) - Program Pulse Generator, Magnet, and AutoStim output currents (if applicable), to OmA prior to MRI. After MRI is completed, reprogram device to original settings. □ Without contrast □ With and without contrast □ Gadolinium allergy □ On dialysis □ Pelvis □ Abdomen □ Brain \square Arthrogram (must order fluoro. See Gen Rad section) \square Left \square Right **Spine:** □ Cervical □ Thoracic □ Lumbar ☐ Bilateral Specify joint: ☐ Cardiac (comprehensive and velocity flow w/wo contrast) ☐ Extremity: ☐ Left ☐ Right ☐ Bilateral ☐ Other MRI: CT □ CT with contrast □ CT without contrast □ CT with and without contrast □ CTA (CT angiogram) □ CT contrast allergy ☐ CT chest WO contrast for lung follow up (this order is for a 1-6 month follow-up to a lung screening study) ☐ Brain ☐ Neck ☐ Maxillofacial ☐ Sinus ☐ Weight bearing CT (WBCT) Extremity: ☐ Chest W ☐ Chest WO ☐ Abdomen ☐ Pelvis Laterality: ☐ Left ☐ Right ☐ Bilateral **Spine:** □ Cervical □ Thoracic □ Lumbar ☐ Coronary Artery Calcium Score (without contrast) Colonography: ☐ Diagnostic ☐ Screening ☐ Coronary CTA & Calcium Scoring (with & without contrast) & FFR* ☐ Other CT: ☐ CTA Screening for Non-Calcified Coronary Plaque w/contrast ☐ CT Lung Cancer Screening (questions on reverse must be filled out and received in addition to order form)

GENERAL RADIOLOGY					
☐ Barium enema ☐ Barium enema with air contrast		□ Join	☐ Joint injection (if ordering Arthrogram, check MRI section and this section)		
☐ Upper GI ☐ UGI with small bowel series		Specify:			
☐ Esophogram ☐ Myelogram ☐ Lumbar puncture**		☐ X-ray body part:			
☐ Voiding cystourethrogram		Laterality: □ Left □ Right □ Bilateral			
□ VCUG with sedation (pediatric only)			Specific views and numbers:		
ULTRASOUND					
☐ Abdomen ☐ Pelvis & transvaginal ☐ Thyroid ☐ Kidney a			d bladder	☐ US pregnant uterus less than 14 weeks gestation	
☐ Testes ☐ Liver ☐ Liver with elastography ☐ Soft tissue hea			d and neck	☐ OB transvaginal	
☐ LE and UE nonvascular ☐ Paras and thoras					
☐ US fine needle aspirate tissue with guidance					
Axilla: □ Left □ Right □ Bilateral				Other US:	
VASCULAR					
☐ Upper extremity	☐ Arterial Duplex	erial Duplex □ Carotid Artery □ Ter		nporal Artery 🔲 PPGs 🔲 Graft Flow	_
☐ Lower extremity	☐ Venous Duplex	•		nscranial Doppler	
☐ Right ☐ Left ☐ Axilla	☐ Venous Reflux study	☐ Laser Doppler ☐ Ray		ynaud's Cold Challenge □ ABIs with waveform	
\square Finger(s) \square Toe(s)	Abdomen: □ AAA □	Mesenteric □ Portal hepati		c □ Renal □ Renal transplant	
CT LUNG CANCER SCREENING - IF THE PATIENT IS EXPERIENCING PULMONARY SIGNS OR SYMPTOMS, OR IS					
OUTSIDE THE AGES OF 50-80 (50-77 FOR MEDICARE PATIENTS), CONSIDER ORDERING A CT CHEST WO CONTRAST					
ALL QUESTIONS BELOW ARE REQUIRED FOR SCHEDULING					
 Consider ordering a CT Chest WO Contrast if any STOP answers are selected. Ordering a CT Chest WO Contrast for LDCT Follow Up? See CT section above. 					
Patient is on Medicare AND between the age of 50-77		0.5	☐ YES (continue) ☐ NO (stop)		
Patient is between the age of 50-80		OR	☐ YES (continu	e)	
Does patient show any signs or symptoms of lung cancer?		er?	☐ YES (stop) ☐ NO (continue)		
Is this the first (baseline) CT or an annual exam?			☐ First screening ☐ Annual screening Prior location:		
Patients Current Smoking Status:			☐ Current smoker ☐ Former smoker ☐ Smoker, status unknown		
If Former Smoker: Number of years ago patient quit smoking			# of years:	(STOP if greater than 15 years)	
Total number of pack years patient smoked			# of pack years:	(STOP if less than 20 pack years)	
Is there documentation of share decision making?			☐ Yes ☐ No (required prior to baseline screening)		
Did the patient receive cessation guidance?			☐ Yes ☐ No (required prior to baseline screening)	
PATIENT PREPARATION (PLEASE FOLLOW CAREFULLY)					
			e allergy to iodine or contrast on front.		
			onfirm pregnancy status. the patient has had difficulty completing an MRI in the past, has an allergy to		
			trast, has implants or devices, or is pregnant, indicate on front of form.		
Voiding Cystourethrogram (Bladder Study – VCUG) If a			allergic to iodinated contrast, please indicate on front page and let your scheduler		
		_	know. Confirm patient is not pregnant prior to exam.		
MRI Anxiolytics for Claustrophobia/PTSD Pre		Prescribe	rescribe oral and have patient pick up from local pharmacy.		
If over patient is over 300lbs, please indicate height MRI		MRI tab	table limit is 550lbs, measurements required on order form.		

CT table limit is 600lbs, measurements required on order form.

and weight on order form.

REMINDERS:

- Please ask patient to call Radiology scheduling at 503-418-0990 to schedule their imaging.
- If patient is new to OHSU or their insurance has changed, please have them call OHSU Registration at 503-494-8505 or 888-222-6478 and provide their insurance information prior to calling to schedule.
- Please confirm the authorization of the requested exam(s) has been obtained by the ordering clinic prior to the appointment.
- If your patient requires oral anxiolytics, please order these to be picked up from their local pharmacy. If oral anxiolytics have failed, required IV anxiolytics must documented on the order form. If IV anxiolytics have failed, required adult or pediatric anesthesia services must be documented on the order. Please indicate reason why patient requires medication to complete the scan:
- Patient must arrange transportation if they will be receiving pain/anxiety/anesthesia medication. Patient must have a responsible adult (16 years or older) who is present at the time they are discharged. Patient may NOT drive. If patent plans to take public/private transportation, they must have a responsible adult with them.
- Some CT and MRI exams require a Creatinine (blood test) prior to the exam.
- Patients must bring a responsible person with them to supervise children and/or service animals that may be with them during their appointment.
- *For all CTA Coronary studies, the radiologist will make a determination at the time of report if Fractional Flow Reserve (FFR) Analysis is required.

Thank you for choosing OHSU Diagnostic Imaging Services

Our goal is to provide your patients with excellent care. If there is something we can do to accommodate their special needs, please let us know. Patients can provide their email address at the time of scheduling or at check-in to provide feedback on their experience.