

Physician Order Form

Fax orders to: (502) 394-3636

Outpatient diagnostic scheduling: (502) 629-6200, option 2

Preregistration: (502) 629-5251 or MyNortonHealthcare.com

Precertification fax: (502) 485-4801

Preauthorization number (if applicable): _____



NORTON
Children's
Hospital

231 E. Chestnut St.
Louisville, KY 40202

**If you are not the parent of the child, you must bring proof of court-appointed guardianship/custody papers with you.
The test or procedure will be canceled if you do not have this information with you.**

Full name (first, middle and last): _____ Birth date: _____

Home phone: _____ Work phone: _____

Ordering physician: _____ Special instructions: _____

Definitive diagnosis, signs and symptoms, and/or ICD code (Must be completed. Do not use R/O, possible or evaluate.): _____

Test date: _____

Test time: _____

Please arrive at Norton Children's Hospital outpatient registration on the lower level
at least 30 minutes before your child's scheduled test time unless otherwise instructed.

Radiology

- ☐ Barium enema (colon study)*
- ☐ Esophagram*
- ☐ MBSS (modified barium swallow study) with speech therapy*
- ☐ Small bowel follow through (SBFT)*
- ☐ UGI*
- ☐ UGI with SBFT*
- ☐ VCU*
 - ☐ With sedation
 - ☐ Culture
 - ☐ Urinalysis
- ☐ IVP*
- ☐ IVP with VCU*
- ☐ CT scan*, specify: _____
 - ☐ With sedation
 - ☐ With contrast
 - ☐ Without contrast
- ☐ MRI*, specify: _____
 - ☐ With sedation
 - ☐ With contrast
 - ☐ Without contrast
- ☐ Ultrasound*, specify: _____
- ☐ X-ray, specify: _____
- ☐ Chest X-ray
- ☐ Other: _____

Laboratory

- ☐ Basic metabolic panel
- ☐ Bilirubin
 - ☐ ≤14 days old – Neonate
 - ☐ >14 days old – Total
 - ☐ >14 days old – Fractionated
- ☐ CBC
- ☐ Comprehensive metabolic panel
- ☐ Culture sensitivity
 - Source: _____
- ☐ Glucose
- ☐ Glucose tolerance test*
 - Hours: _____
- ☐ Hepatic function panel

- ☐ Immunoglobulin series
- ☐ Lipid panel
- ☐ Newborn metabolic screen
 - ☐ Repeat
- ☐ PT/PTT
 - On blood thinner? ☐ Yes ☐ No
- ☐ SED rate (Westergren)
- ☐ Sweat chloride*
- ☐ Urinalysis
- ☐ Other tests not listed: _____

Drug levels

- ☐ Cyclosporine
- ☐ Digoxin
- ☐ Dilantin
- ☐ Phenobarbital
- ☐ Tegretol
- ☐ Theophylline
- ☐ Other: _____

Gastric testing

- ☐ pH probe*
- ☐ Other: _____

Cardiology

- ☐ Echocardiogram
 - ☐ With sedation
- ☐ EKG
- ☐ Holter monitor
- ☐ Stress test*
- ☐ Tilt table
- ☐ Other: _____

Nuclear medicine

- ☐ Bone scan*
 - ☐ With sedation
 - ☐ With SPECT study
- ☐ DMSA*
 - ☐ With sedation

- ☐ Gastric emptying scan*
- ☐ Gastric reflux study*
- ☐ GFR renal scan*
- ☐ Hepatobiliary scan*
 - ☐ With sedation
 - ☐ With CCK
 - ☐ Without CCK
- ☐ I-123 MIBG scan*
 - ☐ With sedation
- ☐ I-123 thyroid scan and uptake*
 - ☐ With sedation
- ☐ Meckel's scan*
 - ☐ With sedation
- ☐ MIBG*
 - ☐ With sedation
- ☐ Nuclear cysto (VCU)*
- ☐ Renal scan*
 - ☐ With sedation
 - ☐ With Lasix
 - ☐ Without Lasix
- ☐ Renal scan (DMSA)*
 - ☐ With sedation
- ☐ Tc 99m thyroid scan*
 - ☐ With sedation
- ☐ Other: _____

Neurodiagnostics

- ☐ BAEP (BAER)*
- ☐ EEG*
 - ☐ With sedation
- ☐ EEG (sleep deprived)*
- ☐ EEG (extended) _____ 4hr _____ 6hr*
 - ☐ With sedation
- ☐ EMG/NCV, specify: _____
- ☐ HVF*
- ☐ OCT (fundus)*
- ☐ SSEP (upper)*
- ☐ SSEP (lower)*
- ☐ VEP*
- ☐ Other: _____

Noninvasive vascular lab

- ☐ Specify: _____

Respiratory testing

- ☐ Pulmonary function*
 - ☐ With sedation
- ☐ ABG
- ☐ Other: _____

Audiology

- ☐ Sedated ABR* (auditory brainstem response evaluation)/audiological evaluation

Therapies

- ☐ Physical therapy evaluation and treatment: _____
- ☐ Occupational therapy evaluation and treatment: _____
- ☐ Speech therapy evaluation and treatment: _____

Additional options

- ☐ J-Tip – Buffered lidocaine for pain management (Select this option if needed for any blood draw or IV start.)

**This test requires special preparations or advanced scheduling.*

Physician's signature: _____ Order date: _____

Driving directions to

Norton Children's Hospital

Suggested driving directions from I-65 south, I-64 east or west, and I-71 south

- From I-64 east or west and I-71 south, merge onto I-65 south.
- From I-65 south, take the Jefferson Street/Downtown exit (exit 136C) and follow the lanes marked for Jefferson Street (stay in left-hand lane).
- Proceed past the traffic light at the end of the ramp on Jefferson Street. Take the first left onto First Street.
- Proceed to the third traffic light and turn left onto Chestnut Street.
- Go under the I-65 viaduct and through the next traffic light at Brook Street.
- Proceed to the next traffic light at Floyd Street and turn left.
- At the four-way stop, turn left onto Abraham Flexner Way.
- The parking garage entrance is on the left at the back of Norton Children's Hospital.

Suggested driving directions from I-65 north

- From I-65 north, take the Broadway exit (exit 136A).
- The exit ramp merges with Brook Street.
- Proceed on Brook Street to the third traffic light, and turn right onto Chestnut Street.
- Proceed to the next light at Floyd Street and turn left.
- At the four-way stop, turn left onto Abraham Flexner Way.
- The parking garage entrance is on the left at the back of Norton Children's Hospital.

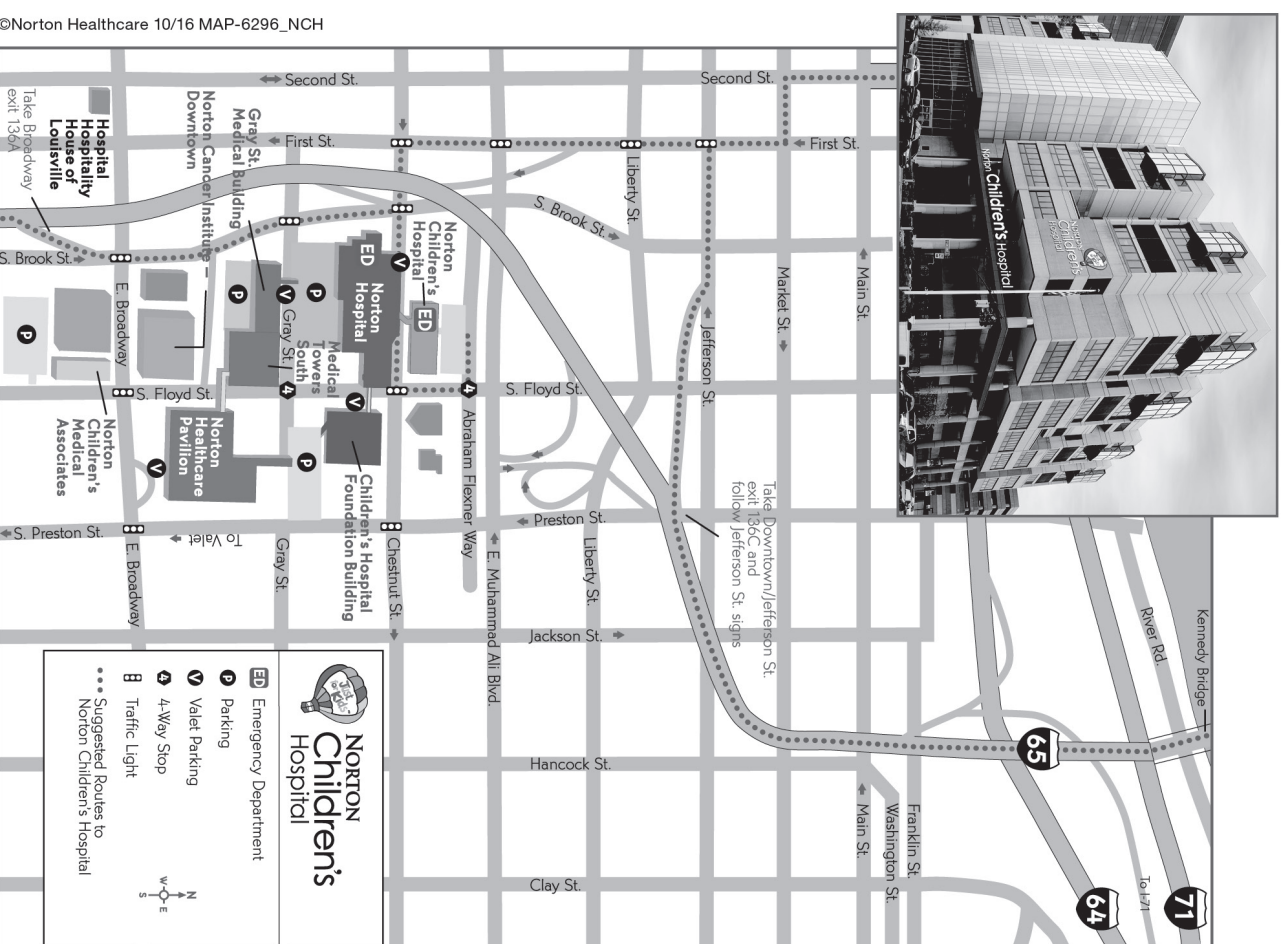
Parking garage

Norton Children's Hospital offers free parking for patients. Your parking ticket will be validated during the registration process. Present your validated ticket to the cashier upon exiting the garage.

Parking passes

A parking pass, valid for the duration of the patient's stay, will be provided at registration for one family member's vehicle. Other visitors may purchase a seven-day parking pass for \$10 when exiting the garage.

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Norton Children's Hospital
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Louisville, KY 40202
(502) 629-6000