Trinity Health
Grand Haven

X-Ray Outpatient Order Form

Phone: (616) 847-5237
Fax: (616) 847-5688

________________ (First Name) ______ (MI) ________________ (Last Name)

________________ (Date of Birth) ________________ (Primary Phone Number)

ICD-10 Diagnosis Codes & Clinical Symptoms:
____

Encounter: ❑ Initial ❑ Subsequent ❑ Sequel **Condition**: ❑ Chronic ❑ Acute

Injury? ❑ Yes ❑ No Location of injury: ________________ Where did injury occur (home, work, etc.)? ____________

Date of injury: ____________ Type of injury (accidental, intentional, assault, etc.): ______________________________

Cause of injury: ________________________

Laterality: ❑ Left ❑ Right Digit: __________

Is this a fracture follow-up? ❑ Yes ❑ No

Disease stage: ❑ Mild ❑ Moderate ❑ Severe ❑ Indeterminate

Do you have cancer? ❑ Yes ❑ No If yes, ❑ Primary ❑ Secondary

❑ EYE- F.B. 70030	❑ RIBS 71100 / 71111	❑ PELVIS AP 72170	❑ WRIST 73110	❑ TIBIA-FIBULA 73590
❑ MANDIBLE 70110	❑ S.C. JOINTS 71130	❑ S.I. JOINTS 72202	❑ HAND 73130	❑ FOOT 73630
❑ NASAL BONES 70160	❑ AP-LAT C-SPINE 72040	❑ SACRUM-COCYX 72220	❑ FINGER 73140	❑ HEEL 73650
❑ ORBIT 70200	❑ CERVICAL SPINE 72050	❑ CLAVICLE 73000	❑ HIP UNILATERAL 73500	❑ TOE 73660
❑ SINUSES 70220	❑ THORACIC 72070	❑ SCAPULA 73010	❑ HIP BILATERAL W/ AP PELVIS 73520	❑ FLAT ABD / KUB 74000
❑ SOFT TISSUE NECK 70360	❑ SCOLIOSIS SURVEY 72090	❑ SHOULDER 73030	❑ FEMUR 73550	❑ ABDOMEN COMP 74022
❑ CHEST PA (1 VIEW) 71010	❑ LUMBAR SPINE 72100	❑ HUMERUS 73060	❑ KNEE AP & LAT (2 VIEW) 73560	❑ FB NOSE TO RECTUM - CHILD 76010
❑ PA-LAT CXR (2 VIEW) 71020	❑ LUMBAR/OBLS 72110	❑ ELBOW 73080	❑ KNEE AP, LAT & PATELLA (3 VIEW) 73562	❑ LEG LENGTH 77073
❑ PA-LAT-OBL'S CXR 71022	❑ BENDING VIEWS 72114	❑ FOREARM 73090	❑ KNEE (4 VIEW) 73564	❑ OTHER:

Scheduled Procedures

❑ ARTHROGRAM-SHOULDER 73040	❑ ESOPHAGRAM (BA SWALLOW) 74220	❑ UGI & SMALL BOWEL 74249	❑ CYSTOGRAPHY 74430
❑ ARTHROGRAM- WRIST 73115	❑ BARIUM SWALLOW (VIDEO) 74230	❑ SMALL BOWEL ONLY 74250	❑ HIP INJECTION 77002
❑ ARTHROGRAM - HIP 73525	❑ UGI ONLY 74246	❑ CONTRAST (BARIUM) ENEMA 74270	❑ OTHER:

Scheduled Procedures Requiring Screening for Hydration

❑ INTRAVENOUS PYELOGRAM (I.V.P.) 74400	❑ I.V.P. with TOMOGRAPHY 74400

***IVP Protocol: Patient may require hydration prior to a scan depending on their Glomerular Filtration Rate (GFR) result. GFR of 30 – 45 will require hydration before AND after the exam. GFR <30 requires signed approval from patients' physician to administer contrast.**

- ☒ Patient is greater than 60 years of age
- ☒ Patients has history of renal disease or insufficiency
- ☒ Patient is diabetic: ❑ **Type 1** ❑ **Type 2** ❑ **Secondary**
- ☒ Patient is currently receiving chemotherapy
- ☒ If any of these criteria are met, please order a GFR & Creatinine test (results must be ≤**30 days** prior to the CT exam)

GFR result: ________ **Creatinine result:** ________

Date of most recent GFR/Creatinine: ____________

☒ **If GFR is 30-45 mL/min: Initiate Hydration Protocol**

Iodine Allergy? ❑ Yes ❑ No If yes, patient will require a steroid prep to be ordered by his/her physician.

Provider Signature:________________________________ ____________ **(Date)** ____________ **(Time)**

Visit www.noch.org for easy-to-understand, downloadable instructions about your exam.

MI-209 (r4-23)