EFFINGHAM HEALTH SYSTEM SM

GROWING WITH YOU

Effingham Hospital
459 HWY 119 S.
Springfield, GA. 31329

Patient Name	Patient Phone	Date of Birth
Reason for Exam		ICD-9 Code (required)
Special Instructions		

General X-ray	Breast Imaging	Fluoroscopy
☐ 1-view Abdomen (KUB)	☐ Screening mammogram +CAD	☐ Barium Swallow
☐ Abdominal Series	☐ Diagnostic mammogram +CAD	☐ Barium enema
☐ Ankle **RIGHT** **LEFT**	☐ Breast Ultrasound **RIGHT** **LEFT**	☐ Esophogram
☐ Chest	☐ Other:	☐ HSG
☐ Elbow **RIGHT** **LEFT**		☐ IVP
☐ Facial bones	**Dexa**	☐ Myelogram: **Cervical** **Thoracic** **Lumbar**
☐ Femur **RIGHT** **LEFT**	☐ Bone density	☐ Small Bowel Follow Through
☐ Fingers **RIGHT** **LEFT**	**Nuclear Medicine**	☐ Upper GI
☐ Foot **RIGHT** **LEFT**	☐ Nuc Med (Specify):	☐ VCUG
		☐ Lumbar puncture
☐ Forearm **RIGHT** **LEFT**	Notes or comments:	Other (Specify):
☐ Hand **RIGHT** **LEFT**		**Ultrasound**
☐ Hip **RIGHT** **LEFT**		☐ Abdomen
☐ Humerus **RIGHT** **LEFT**		☐ Doppler For DVT **RIGHT** **LEFT** **Bilateral**
☐ Knee **RIGHT** **LEFT**		☐ ABI (if abnormal includes Doppler)
☐ Mandible		☐ Extremity **RIGHT** **LEFT**
☐ Nasal Bones		☐ GallBladder (RUQ)
☐ Pelvis		☐ Pelvic – includes TVG & ovarian Doppler
☐ Ribs **RIGHT** **LEFT**		☐ Pelvic OB
☐ Shoulder **RIGHT** **LEFT**		☐ Renal
☐ Sinuses		☐ Renal Transplant Doppler
☐ Spine Cervical, Lumbar, Thoracic		☐ Scrotal
☐ Tibia & Fibula **RIGHT** **LEFT**		☐ Thyroid
☐ Wrist **RIGHT** **LEFT**		☐ Thoracentesis
☐ Other (specify):		☐ Paracentesis
		☐ Other (Specify):

Other		
☐ Biopsy, Specify Location:	☐ Needle Aspiration, Specify Location:	☐ ECHO : 2D 3D
☐ Arthrogram Specify Joint:	☐ IVP	

Ordering Physicians Printed name	Physicians Office Phone	Date
Ordering Physicians Signature	Physicians Office fax	

FC 8/26/2008 Revised 7/27/2012

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CT
☐ Contrast* maybe given at radiologist discretion ☐ With and without Contrast* ☐ With Contrast* ☐ Without Contrast
☐ Abdomen
☐ Head
☐ Neck
☐ Maxillofacial
☐ Orbit/ sella/ IAC
☐ Chest ☐ Include High Resolution
☐ Extremities
☐ Pelvis
☐ **Spine** ☐ Cervical Spine ☐ Thoracic Spine ☐ Lumbar Spine
Other CT (Specify):
CTA (CT Angiography, These Studies Require Contrast)
☐ Abdomen
☐ Chest (non-coronary)
☐ Chest (coronary)
☐ Extremity lower
☐ Extremity Upper
☐ Head
☐ Neck
☐ Pelvis
☐ Runoff - Abdomen, Pelvis, & lower extremity
Other CTA (specify):

MRI
☐ Contrast* maybe given at radiologist discretion ☐ With and without Contrast* ☐ With Contrast* ☐ Without Contrast
☐ Abdomen
☐ Head
☐ Neck
☐ Orbit/ sella/ IAC
☐ TMJ (temporomandibular joint(s)
☐ Chest
☐ **Extremities** ☐ Joint of Lower extremity ☐ Specify Joint: ☐ Joint of Upper extremity ☐ Specify Joint:
☐ Lower extremity Non-joint
☐ Upper extremity Non-joint
☐ Pelvis
☐ **Spine** ☐ Cervical Spine ☐ Thoracic Spine ☐ Lumbar Spine
MRA (MR Angiography)
☐ Abdomen w/o Contrast (renal)
☐ Head w/o
☐ Neck w/o Contrast
Other MRI/MRA (Specify):

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***Patients above the age of 55 must have a BUN and Creatinine value before injection**. Patients under the age of 55 need a BUN and Creatinine if the patient has a history of HTN, diabetes, or renal insufficiency.

***Creatinine value** may not be above a 1.7 for contrast injection

***Ordering physician may opt out of BUN/Creatinine results due to emergence of exam.** Should this occur, then the ordering physician must write a statement on the contrast consent form that he/she is opting not to perform this lab procedure and sign it.

***Diabetic meds with contraindications:** Glucophage/metformin, Glucovance, Avandament-(Rosiglitazone/Metformin), Metaglip-(Glipzide Metformin), Riomet (Metformin), Fotamet- (Metformin ER), Glumetza ER, Glucophane XR, PranidMet (Sitagliptin/Metformin), Janument (Sitagliptin/Metformin), ActosPlusMET (Pioglitazone/Metformin), Kombiglyze XR

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