



# Lake Charles Memorial Health System

## RADIOLOGY DEPARTMENT

1701 Oak Park Blvd., Lake Charles, Louisiana 70601 | Ph: 337.494.3070 | F: 337.494.2667 | Email: radiologyorders@lcmh.com  
For additional order sets go to [lcmh.com/ordersets](http://lcmh.com/ordersets).

**Patient Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Diagnosis, Indications/Symptoms:** \_\_\_\_\_

**Providers/Physician Offices: An important message from Lake Charles Memorial Radiology Department.** Lake Charles Memorial Radiology Department would like to remind providers that in order to provide the best possible healthcare the diagnosis(es) should not include the terms “probable”, “possible”, “suspected”, “rule out”, “questionable” when ordering diagnostic services for your patient. Instead, Lake Charles Memorial Hospital Radiology Department asks that you document the patient’s signs & symptoms to the highest degree of specificity known. **This should include signs and symptoms, abnormal test results or other reasons for the tests.**

### SCHEDULED EXAMS

Please call 494-3070 for appointment time and prep.

- Esophogram
- UGI
- UGI & Small Bowel
- Small Bowel Study
- Barium enema
- IVP
- VCUG
- Cystogram
- Skeletal survey
- Metastatic Bone Survey
- Lumbar Puncture
- Leg Venogram Rt Lt
- Arthrogram  
Specify joint \_\_\_\_\_
- Aspiration  
Specify joint \_\_\_\_\_
- Steroid Injection  
Specify joint \_\_\_\_\_

### DIAGNOSTIC RADIOLOGY

No appointment required.

- Routine Chest x-ray (PA/Lat)
- 1 View chest x-ray
- Rib: Rt Lt Bil
- Sternum
- Abdomen KUB
- Abdomen Flat & Erect
- Pelvis
- Pelvis (3 views) (specify)
- \_\_\_\_\_
- Hip: Rt Lt Bil
- Cervical Spine 3 views
- Cervical Spine Series (specify views)
- \_\_\_\_\_
- Thoracic Spine
- Lumbar Spine 3 views
- Lumbar Spine Series (specify views)
- \_\_\_\_\_
- Sacrum & coccyx
- Scoliosis study

DIAGNOSTIC RADIOLOGY: (continued)

### Circle One

- Femur Rt Lt Bil
- Knee Rt Lt Bil
- Tibia/Fibula Rt Lt Bil
- Ankle Rt Lt Bil
- Foot Rt Lt Bil
- Heel Rt Lt Bil
- Clavicle Rt Lt Bil
- Shoulder Rt Lt Bil
- Scapula Rt Lt Bil
- Humerus Rt Lt Bil
- Elbow Rt Lt Bil
- Forearm Rt Lt Bil
- Wrist Rt Lt Bil
- Hand Rt Lt Bil
- Finger, Specify: \_\_\_\_\_

- Skull
- Facial Bones
- Mandible
- Nasal Bones
- Orbits
- Sinuses
- OTHER/SPECIAL VIEWS:**  
(Please Specify) \_\_\_\_\_

### ULTRASOUND

Please call 494-3070 for appointment time and prep.

#### ABDOMEN

- Complete (includes GB, liver, pancreas, spleen, kidneys)
- Limited  
Specify organ \_\_\_\_\_
- Aorta
- Renal (bilateral kidneys & Urinary bladder)

#### VASCULAR ULTRASOUND:

- Carotid flow study, Doppler  
(syncope, TIA, stroke, weakness, bruit, visual disturbance)
- Venous study, Lower

(pain, swelling, edema, phlebitis)

- Circle one Rt Lt Bil
- Venous study, Upper  
(pain, swelling, edema, phlebitis)
- Circle one Rt Lt Bil
- Arterial Doppler, Lower  
(arterial pressure)
- Circle one Rt Lt Bil
- Arterial Doppler, Upper
- Circle one Rt Lt Bil

### MISC:

- Thyroid
- Scrotum
- Extremity Non Vascular
- Other: Specify: \_\_\_\_\_

### ADDITIONAL EXAMS/INSTRUCTIONS

**Physician Attestation:** My signature below certifies that all of the above information is accurate and true to the best of my knowledge and that the medical necessity of the radiology exam (s) requested is supported by appropriate documentation. **Ordering Physician's Name (Please Print)** \_\_\_\_\_

**ORDERING PHYSICIAN'S SIGNATURE:** X \_\_\_\_\_



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### CAT SCAN

Please call 494-3070 for appointment time and prep.

#### HEAD (SELECT ONE BELOW)

- W/O contrast** (change in mental status, trauma, CVA, memory loss, dizziness, hemorrhage, aphasia)
- W contrast** (persistent headache, hx metastatic lung ca, acoustic neuroma)
- Maxillofacial** (trauma, sinusitis, headache, nasal cavity disease)
- Orbit/sella/fossa** (trauma, swelling/mass, hearing loss)

#### THORAX (SELECT ONE BELOW)

- W/O contrast** (contrast allergy, interstitial lung disease, pleural effusion)
- W contrast** (lung nodule, cough, aortic dissection, hemoptysis, pulmonary embolism, neoplasm, enlarged lymph nodes, trauma)
- Thorax, high resolution** (interstitial lung disease)

#### ABDOMEN (SELECT ONE BELOW)

- W/O contrast** (renal calculus, contrast allergy, AAA rupture, retroperitoneal bleed)
- W contrast** (trauma, neoplasm, abnormal liver function, weight loss, diverticulitis, lymphoma, UTI, colitis, fever, hematuria, appendicitis, pain)

#### Urogram

#### PELVIS (SELECT ONE BELOW)

- W/O contrast** (osteomyelitis, fracture of hip/pelvis, Paget's disease)
- W contrast** (pain, weight loss, bowel obstruction, diverticulitis, hematuria, neoplasm, renal calculus, ulcerative colitis, appendicitis, renal mass, enlarged lymph nodes, trauma)

#### SPINE

- Cervical
- Thoracic
- Lumbar

Specify area: \_\_\_\_\_

#### ANGIOGRAPHY

- Head
- Neck
- Chest Circle one  
PE    Aorta
- Abdomen
- Abdomen w/runoff

CAT SCAN: (continued)

- Soft Tissue Neck w/contrast

#### EXTREMITY (SELECT ONE BELOW)

- Upper Rt    Lt  
Body part: \_\_\_\_\_
- Lower Rt    Lt  
Body part: \_\_\_\_\_
- Other, Specify area:** \_\_\_\_\_

### BIOPSY

**\*\*ALL BIOPSIES MUST BE SCHEDULED WITH THE RADIOLOGY NURSE, 494-2653.**

NOTE: When ordering multiple studies, please identify all signs & symptoms that apply. Write them in space provided at the top of this form.

### NUCLEAR MEDICINE

Please call 494-3070 for appointment time and prep.

#### BONE SCAN

- Whole Body
- Limited
- 3 phase
- SPECT

#### HEPATOBILIARY-GB (HIDA)

- W/O Kinevac
- W Kinevac
- Bile Leak - No Gallbladder

#### GI

- Liver / spleen scan
- Hemangioma study
- Gastric emptying study
- Meckels scan
- GI Bleed

#### RENAL SCAN

- Flow and Function Study
  - Lasix
  - Vasotec (Hypertension)
  - Baseline Vasotec
- #### THYROID
- Scan & Uptake
  - Parathyroid scan
  - I-131 whole body scan
  - I-131 Thyrogen whole body scan
  - Hyperthyroid Treatment
    - Radiologist to Determine Treatment Dose.
    - Specified Treatment Dose by Referring Doctor. \_\_\_\_\_

#### LUNG

- Lung scan
- Quantitative lung scan

NUCLEAR MEDICINE: (continued)

#### TUMOR/INFECTION

Circle One

- Gallium Scan WB    Limited
- Tc99m White Blood Cell Scan WB    Limited
- In-111 White Blood Cell Scan WB    Limited
- Octreo Scan

#### CNS

- Cisternogram
- Brain SPECT
- MUGA Scan

- Other: Specify:** \_\_\_\_\_

### INTERVENTIONAL RADIOLOGY

Please call 494-2653 for appointment time and prep.

- Arteriogram: Specify body part \_\_\_\_\_

### NEPHROSTOMY CATHETER

- Catheter placement
- Catheter check
- Catheter change

### BILIARY CATHETER

- Catheter placement
- Catheter check
- Catheter change
- Cholangiogram

### INFERIOR VENOCAVAGRAM

- W/O filter
- Filter placement
- Filter retrieval

### PICC LINE PLACEMENT

Circle one

- Dual lumen Rt    Lt
- Catheter check Rt    Lt

### DIALYSIS FISTULOGRAM

Circle one

- W/O declot Rt    Lt
- Declot/PTA Rt    Lt
- PTA Rt    Lt

- Drainage procedure, specify: \_\_\_\_\_

- Paracentesis

- Diagnostic (specify labs) \_\_\_\_\_

- Therapeutic \_\_\_\_\_

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ORDERING PHYSICIAN'S SIGNATURE: X \_\_\_\_\_