



Diagnostic Imaging Outpatient Order Form

Lake Forest Hospital

Diagnostic Imaging

TEST RESULTS/QUESTIONS:
(847) 535-6300 TEL
lfh.org

APPOINTMENTS:
Call/fax according to contact
information on back

Please fax this completed order to: (847) 535-8001.

In order to provide the best possible services to you and your patients, we request the following information. Please complete all fields to expedite your request.

STAT

Call results to: _____

Fax results to: _____

PATIENT INFORMATION

Last Name _____ First Name _____

Date of Birth _____

Home Phone Number _____

Work/Cell Phone Number _____

Height _____ Weight _____

(For CT's with contrast) Is patient taking medication containing Metformin? Yes No

PHYSICIAN INFORMATION

Referring Practitioner Last Name _____

First Name _____

NPI # _____ Practitioner's Fax Number _____

Practitioner's Signature _____ Date _____

Copy of results to: _____

SIGNS & SYMPTOMS / DIAGNOSIS / ICD-9

When ordering multiple tests on the same order form, please indicate a sign, symptom, diagnosis or ICD-9 for each test/treatment. Do not include a "rule-out" diagnosis.

MRI and MRA

NOTE: MRI w/contrast require creatinine & GFR (within 6 weeks) for the following: 65 years of age and older, kidney disease, IDDM, severe liver disease and/or lupus.

- Order creatinine/GFR
- Results attached
- N/A

MRI

- Functional MRI
 - a. Motor
 - b. Language
 - c. Other
- Brain WO W/WO
- Orbits WO W/WO
- IAC WO W/WO
- Pituitary WO W/WO
- Cervical Spine WO W/WO
- Thoracic Spine WO W/WO
- Lumbar Spine WO W/WO

- Cardiovascular
 - a. Morphology
 - b. Function (wall motion/EF)
 - c. Viability
 - d. Perfusion

- Neck Soft Tissue/
 - Anterior Neck .. WO W/WO
- Chest WO W/WO
- Abdomen WO W/WO
- MRCP WO W/WO
- Pelvis WO W/WO
- Hip R L B
- Shoulder R L B
- Elbow R L B
- Wrist R L B
- Hand R L B
- Knee R L B
- Ankle R L B
- Foot R L B
- Breast R L B
- TMJ R L B
- Other: _____

- MRA** WO W/WO
 - a. Intracranial
 - b. Extracranial
 - c. Thoracic Aorta
 - d. Abdominal Aorta
 - e. Renal Artery
 - f. Celiac Artery
 - g. SMA
 - h. Peripheral UE/LE
 - i. Abdomen
- Neuro MRV
- Body MRV
 - a. SVC
 - b. IVC
 - c. Subclavian

Osteoporosis Screening

- Quantitative CT
- DEXA
- Vertebral Fx Assessment
- Other: _____

PET Scan

- Lung Carcinoma
- Lung-Single Pul. Nodule
- Lung-Non-Small Cell
- Lymphoma
- Esophageal Carcinoma
- Neurological
- Colorectal Carcinoma
- Head & Neck Carcinoma
- Melanoma
- Breast Cancer
- Other: _____

Nuclear Medicine

- Thyroid I 123 Uptake & Scan
- Bone Scans
 - a. Routine – Whole Body
 - b. Triple Phase
 - c. With Spect
- Ceretec White Cell Scan
- MUGA Scan
- HIDA Scan
- HIDA with CCK
- Gastric Emptying Scan
- Lung Scan-Vent & Perf
- I 131 Whole Body Thyroid
- Stress Thallium
- Stress Thallium-pharmacological
- Other: _____

CT and CTA

NOTE: CT's w/contrast require a BUN & Creatinine within 6 months for the following: 65 years of age or greater, diabetes and/or kidney disease.

- Order BUN/creatinine
- Results attached
- N/A

CT

- Abdomen W WO W/WO
- NOTE: CT Abdomen only covers to iliac crest.
- Pelvis W WO W/WO
- CT Enterography
- NOTE: Abdomen w and Pelvis w
- Virtual Colonoscopy
- Chest W WO W/WO
- Chest-Angio PE (IV Contrast Mandatory)

- Sinus Limited or Full
- Brain WO W/WO
- Soft Tissue Neck W WO W/WO
- Temporal Bones
- Cervical Spine Level: _____
- Thoracic Spine Level: _____
- Lumbar Spine Level: _____
- Shoulder W WO W/WO

- Elbow W WO W/WO
- Wrist W WO W/WO
- Hip W WO W/WO
- Knee W WO W/WO
- Ankle W WO W/WO
- Foot W WO W/WO
- Other: _____

CT Angiography (CTA)

- NOTE: IV Contrast Mandatory
- a. Brain/Intracranial
 - b. Carotid & Vertebral Arteries
 - c. Coronary Artery
 - d. Pulmonary Arteries
 - e. Thoracic Aorta
 - f. Abdominal Aorta
 - g. Mesenteric Arteries
 - h. Renal Arteries
 - i. Aortoileofemoral/Run-off
 - j. Lower Extremities
 - k. Upper Extremities



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test results/
questions 847 535 6300



Call/Fax for Appointments

- | | |
|--|--|
| <p>1 Lake Forest Hospital Campus
660 N. Westmoreland Road
Lake Forest, Illinois 60045
(847) 535-8000 phone
(847) 535-8001 fax</p> | <p>5 Gurnee – Brookside
36100 N. Brookside Drive
Suite LL-10
Gurnee, Illinois 60031
(847) 535-8000 phone
(847) 535-8001 fax</p> |
| <p>2 Grayslake Campus
1475 E. Belvidere Road
(Rte. 120)
Grayslake, Illinois 60030
(847) 535-8000 phone
(847) 535-8001 fax</p> | <p>6 Gurnee – Tower Court
25 Tower Court, Suite A
Gurnee, Illinois 60031
(847) 535-8000 phone
(847) 535-8001 fax</p> |
| <p>3 Bannockburn
2151 Waukegan Road, Suite 150
Bannockburn, Illinois 60015
(847) 535-8000 phone
(847) 535-8001 fax</p> | <p>7 Libertyville
1800 Hollister Drive, Suite G-10
Libertyville, Illinois 60048
(847) 535-8000 phone
(847) 535-8001 fax</p> |
| <p>4 Glenview
2501 Compass Road, Suite 105
Glenview, Illinois 60026
(847) 535-8000 phone
(847) 535-8001 fax</p> | <p>8 Vernon Hills
870 W. End Court, Suite 102
Vernon Hills, Illinois 60061
(847) 535-8000 phone
(847) 535-8001 fax</p> |

main telephone	847 234 5600	website	lfh.org
patient scheduling	847 535 8000	physician referral	847 535 6171