



X-ray and Imaging Outpatient Order Form

Thank you for referring your patient for Diagnostic Imaging services at Lake Forest Hospital.

Please give your patient a copy of this form to bring at time of service.
For questions or any further information, please call Diagnostic Imaging at (847) 535-6300.

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

PHYSICIAN INFORMATION

Referring Practitioner Last Name First Name

NPI # Practitioner's Fax Number

Practitioner's Signature Date

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.

Lake Forest Hospital

Diagnostic Imaging
660 N. Westmoreland Road
Lake Forest, Illinois 60045-1696

TEST RESULTS/QUESTIONS: (847) 535-6300 TEL Ifh.org
APPOINTMENTS: Call/fax according to contact information on back

NOTE: Tests in **bold** require advanced beneficiary notice at time of testing.

General Radiology	Fluoroscopy
<input type="checkbox"/> Skull	<input type="checkbox"/> ERCP
<input type="checkbox"/> Orbits	<input type="checkbox"/> Bronch
<input type="checkbox"/> Facial Bones	<input type="checkbox"/> Lower GI Single Double
<input type="checkbox"/> Sinuses	<input type="checkbox"/> Upper GI
<input type="checkbox"/> Chest Pa/Lateral	<input type="checkbox"/> Hysterosalpingogram
<input type="checkbox"/> Sternum	<input type="checkbox"/> Small Bowel
<input type="checkbox"/> Ribs..... R L B	<input type="checkbox"/> Esophagram
<input type="checkbox"/> Clavicle..... R L B	<input type="checkbox"/> IVP
<input type="checkbox"/> Shoulder R L B	<input type="checkbox"/> VCUG (Xray)
<input type="checkbox"/> Humerus R L B	<input type="checkbox"/> Hip Injection R L B
<input type="checkbox"/> Elbow R L B	<input type="checkbox"/> Arthrogram XR, CT, & MRI
<input type="checkbox"/> Forearm R L B	<input type="checkbox"/> with CT to follow
<input type="checkbox"/> Wrist..... R L B	<input type="checkbox"/> with MRI to follow
<input type="checkbox"/> Hand R L B	<input type="checkbox"/> a. Shoulder
<input type="checkbox"/> Finger Digi R L B	<input type="checkbox"/> b. Elbow
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> c. Wrist
<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> d. Hip
<input type="checkbox"/> Lumbar Spine w/Obl	<input type="checkbox"/> e. Knee
<input type="checkbox"/> Pelvis	<input type="checkbox"/> f. Ankle
<input type="checkbox"/> Hip R L B	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Femur R L B	
<input type="checkbox"/> Knee..... R L B	
<input type="checkbox"/> Tibia/Fibia R L B	
<input type="checkbox"/> Ankle..... R L B	
<input type="checkbox"/> Foot..... R L B	
<input type="checkbox"/> Scoliosis Screen	
<input type="checkbox"/> Scoliosis Series	
<input type="checkbox"/> Abdomen Flat Plate (Kub)	
<input type="checkbox"/> Endolateral Neck	
<input type="checkbox"/> Bone Age Study	
<input type="checkbox"/> Other: _____	



X-ray and Imaging Outpatient Order Form

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) 249-3700 phone
(847) 249-4880 fax</p> |
| <p>3 Bannockburn
2151 Waukegan Road, Suite 150
Bannockburn, Illinois 60015
(847) 317-0011 phone
(847) 317-0022 fax</p> | <p>7 Libertyville
1800 Hollister Drive, Suite G-10
Libertyville, Illinois 60048
(847) 968-5300 phone
(847) 968-2400 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