X-ray and Imaging Outpatient Order Form

Lake Forest Hospital

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

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 _____

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.

_____

_____

General Radiology

- ☐ Skull
- ☐ Orbits
- ☐ Facial Bones
- ☐ Sinuses
- ☐ Chest Pa/Lateral
- ☐ Sternum
- ☐ Ribs..... R L B
- ☐ Clavicle..... R L B
- ☐ Shoulder ..... R L B
- ☐ Humerus ..... R L B
- ☐ Elbow ..... R L B
- ☐ Forearm ..... R L B
- ☐ Wrist..... R L B
- ☐ Hand ..... R L B
- ☐ Finger Digi ..... R L B
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine w/Obl
- ☐ Pelvis
- ☐ Hip..... R L B
- ☐ Femur..... R L B
- ☐ Knee..... R L B
- ☐ Tibia/Fibia ..... R L B
- ☐ Ankle..... R L B
- ☐ Foot..... R L B
- ☐ Scoliosis Screen
- ☐ Scoliosis Series
- ☐ Abdomen Flat Plate (Kub)
- ☐ Endolateral Neck
- ☐ Bone Age Study
- ☐ Other: _____

Fluoroscopy

- ☐ ERCP
- ☐ Bronch
- ☐ Lower GI ..... Single Double
- ☐ Upper GI
- ☐ Hysterosalpingogram
- ☐ Small Bowel
- ☐ Esophagram
- ☐ IVP

IVP's 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
  - ☐ NA
- ☐ VCUG (Xray)
- ☐ Hip Injection ..... R L B
- ☐ Arthrogram XR, CT, & MRI
  - ☐ a. Shoulder
  - ☐ b. Elbow
  - ☐ c. Wrist
  - ☐ d. Hip
  - ☐ e. Knee
  - ☐ f. Ankle
- ☐ Other: _____

Ultrasound

- ☐ Kidney/Bladder
- ☐ Renal
- ☐ Hip
- ☐ Abdomen
- ☐ Pelvis/Vag
- ☐ Hysterosonography
- ☐ Infant Hips
- ☐ Infant Spine
- ☐ OB 1st Trimester
- ☐ OB 2nd Trimester
- ☐ Obstetrical – Level 2
- ☐ OB Follow Up w/ Measurements
- ☐ Carotid Doppler
- ☐ Arterial Doppler Extremity
  - ☐ a. Upper ☐ b. Lower
- ☐ Venous Doppler R L B
  - ☐ a. Upper ☐ b. Lower
- ☐ Thyroid
- ☐ Scrotal
- ☐ Follicular
- ☐ Other: _____

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test results/ questions 847 535 6300

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

Call/Fax for Appointments

1 Lake Forest Hospital Campus
660 N. Westmoreland Road
Lake Forest, Illinois 60045
(847) 535-8000 phone
(847) 535-8001 fax

2 Grayslake Campus
1475 E. Belvidere Road
(Rte. 120)
Grayslake, Illinois 60030
(847) 535-8000 phone
(847) 535-8001 fax

3 Bannockburn
2151 Waukegan Road, Suite 150
Bannockburn, Illinois 60015
(847) 535-8000 phone
(847) 535-8001 fax

4 Glenview
2501 Compass Road, Suite 105
Glenview, Illinois 60026
(847) 535-8000 phone
(847) 535-8001 fax

5 Gurnee – Brookside
36100 N. Brookside Drive
Suite LL-10
Gurnee, Illinois 60031
(847) 535-8000 phone
(847) 535-8001 fax

6 Gurnee – Tower Court
25 Tower Court, Suite A
Gurnee, Illinois 60031
(847) 535-8000 phone
(847) 535-8001 fax

7 Libertyville
1800 Hollister Drive, Suite G-10
Libertyville, Illinois 60048
(847) 535-8000 phone
(847) 535-8001 fax

8 Vernon Hills
870 W. End Court, Suite 102
Vernon Hills, Illinois 60061
(847) 535-8000 phone
(847) 535-8001 fax