

Trios Health Scheduling Center

X-ray & Fluoro - Diagnostic Imaging – Physician Order Form

Phone: (509) 221-5441 Fax: (509) 221-7748

Care Center at Southridge: 3730 Plaza Way, Kennewick Southridge Hospital: 3810 Plaza Way, Kennewick

Please Bring ID and Insurance card with you to your appointment.

Patient's Name: _____ Date of Birth: _____
Home Phone: _____ Other Phone: _____ Call Patient to Schedule
Insurance/Payor: _____ Appointment Date/Time: _____ Scheduled by: _____
 Routine STAT Call Report – call # _____ Hold Patient Pregnant Diabetic
 Allergies (specify) _____

Symptoms/History _____
(do not use follow-up, rule out, possible, evaluate or probable)

Physician (print name): _____

Physician Signature/Date: _____

Head and Neck (does not need to be scheduled)

- Skull Series
- Paranasal Sinuses
- Facial Bones
- Nasal Bones
- Mandible
- Neck, Soft Tissue / Airway
- Other: _____

Orthopedic (does not need to be scheduled)

- Shoulder L R
- Clavicle L R
- A.C. Joints L R
- Scapula L R
- Humerus L R
- Elbow L R
- Forearm L R
- Wrist L R
- Hand L R
- Fingers (specify digit) L R
- Bone Age
- Pelvis
- Hip (includes AP Pelvis) L R
- Femur L R
- Knee Limited (2 views) L R
- Knee Complete (4 views) L R
- Tibia – Fibula L R
- Ankle L R
- Foot L R
- Toes (specify digit)
- Other: _____

Abdomen (does not need to be scheduled)

- Abdomen (KUB)
- Abdomen Compete (2 views)
- Abdomen Complete & PA CXR

Chest (does not need to be scheduled)

- Chest (PA and lateral)
- Ribs L R
- Chest & Ribs L R
- Sternum

Spine (does not need to be scheduled)

- Spine Routine (3 views) C T L
- Spine Complete (5 views) C L
- Spine Flex & Ext (7 views) C L
- Thoracolumbar
- Sacrum & Coccyx
- Scoliosis Series

X-ray & Fluoro (Appointment necessary)

- Upper GI Series
- Upper GI & Small Bowel
- Small Bowel Follow Through
- Esophagus Barium Swallow
- Modified Barium Swallow (Speech Therapist Assisted)
- Barium Enema
- Cystogram
- VCUG
- IVP
- Hysterosalpingogram
- Myelogram C T L
- Arthrogram
 - Shoulder L R
 - Knee L R
 - Other: _____

DEXA (Care Center at Southridge only)

Other: _____

PLEASE FAX FORM TO US AT (509) 221-7748 AND GIVE COPY TO PATIENT TO BRING TO APPOINTMENT. THANK YOU.

Order, X-Ray & Fluoro



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Form# 1170 Rev Date 06/19

Trios Health

Patient ID
Patient Name: _____
DOB: _____
Physician Name: _____

Trios Health

Preparation for X-Ray

Please check appropriate prep for requested exam.

- ___ Prep A: Routine X-ray (see front of order). No Preparation required.
- ___ Prep B: Barium Swallow, Small Bowel Follow-Through, Upper GI, Upper GI with Small Bowel Follow-through..
- ___ Prep C: Barium Enema, IVP.

1. Patient Preps

Prep A: No preparation required.

Prep B: Nothing to eat or drink after midnight. No cigarettes or chewing gum after midnight. Brush teeth the morning of the exam but do not swallow. After exam, drink plenty of fluids and take a mild laxative.

Prep C: Pick-up LiquiPrep instructions from the Diagnostic Imaging Department a minimum of two day's prior to exam unless told otherwise by scheduler.

ENTRANCE "A" - Care Center at Southridge: 3730 Plaza Way, Kennewick, WA 99338. Please check in **20 minutes** before your scheduled appointment in the Diagnostic Imaging department on the first floor of the Care Center unless told otherwise when the appointment is scheduled.

ENTRANCE "C" - Southridge Hospital: 3810 Plaza Way, Kennewick, WA 99338. Please check in **20 minutes** before your scheduled appointment at the Diagnostic Imaging desk located in the hospital through entrance "C", unless told otherwise when the appointment is scheduled.

To Schedule, cancel, or reschedule your appointment, call Trios Health Central Scheduling at (509) 221-5441. If you have any questions about your exam, please call (509) 221-7800

B-1A

Order, X-Ray & Fluoro

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Trios Health

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Patient ID
Patient Name: _____
DOB: _____
Physician Name: _____