

# Diagnostic Imaging Outpatient Order Form

Lake Forest Hospital

Diagnostic Imaging  
1000 North Westmoreland Road  
Main Entrance  
Lake Forest, Illinois 60045

QUESTIONS:  
847.535.6300

SCHEDULING:  
847.535.8000 office  
847.535.8001 fax

nm.org

Thank you for referring your patient to Northwestern Medicine Lake Forest Hospital. *Please complete all fields to expedite your request.* Orders submitted with complete schedule and pre-certification information will be processed by the Scheduling Department within 72 hours.

## PATIENT INFORMATION

Last Name _____		First Name _____	
Date of Birth _____		Primary Phone Number _____	
Pre-Certification: <input type="checkbox"/> Not Required <input type="checkbox"/> In Progress <input type="checkbox"/> Completed			
Pre-Cert/Auth # _____			
Insurance Name _____		Pre-Cert/Auth Effective Dates _____	

## REASON FOR TEST

### REASON FOR THE TEST MUST BE GIVEN.

- ICD codes AND diagnostic information must be provided for EACH test ordered.
- Please **DO NOT USE "Rule Out" or "Possible/Probable."**

ICD Code(s) \_\_\_\_\_

Reason/Diagnosis \_\_\_\_\_

## ORDER/RESULTS

### Requested Test Date:

- ROUTINE at patient's convenience
- URGENT w/in 48 hours
- STAT
- Date: \_\_\_\_\_
- Orders are valid for 90 days.

### Results:

- Fax results \_\_\_\_\_
- Call results \_\_\_\_\_
- Hold patient for results
- Send images with patient
- Additional copies to (name/fax): \_\_\_\_\_

- Results will be sent to fax number on file unless indicated above.

## PET SCAN

Note: All PET scans are done with an Attenuation Corrected CT Scan.

- Pet w/Fused CT Scan
- Head & Neck
- Skull Base to Mid-Thigh
- Whole Body
- Other: \_\_\_\_\_

**Note: If a diagnostic CT scan is also needed, please check the order under the CT column.**

## NUCLEAR MEDICINE

- Thyroid I 123 Uptake & Scan
- Bone Scans
- Routine – Whole Body
- Triple Phase (w/Flow Study)
- with Spect
- Tc99m Ceretec White Cell Scan
- Indium 111 White Cell Scan (osteomyelitis)
- MUGA Scan
- HIDA Scan
- HIDA Scan with CCK
- Gastric Emptying Scan
- Lung Scan Vent & Perf
- I 131 Whole Body Thyroid
- Stress Myocardial Perfusion
- Stress Myocardial Perfusion Pharmacological
- Other: \_\_\_\_\_

## PHYSICIAN INFORMATION

Referring Practitioner Last Name _____		First Name _____		NPI # _____	
Practitioner's Phone Number _____			Practitioner's Fax Number _____		
Practitioner's Signature _____			Date _____		

## CT and CTA

Note: CTs w/contrast require a BUN & Creatinine (within 6 weeks) for the following: age of 65 years and older, diabetes and/or kidney disease.

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

### CT – Circle IV contrast indication

- Abdomen ..... W WO W/WO
- Note: CT Abdomen only covers to iliac crest
- Pelvis ..... W WO W/WO
- CT Enterography (Abdomen w and Pelvis w)
- Chest ..... W WO W/WO
- Chest-Angio PE (IV Contrast Mandatory)
- Cardiac Calcium Score
- Sinus ..... WO W/WO
- Brain ..... WO W/WO
- Temporal Bones ..... WO W/WO
- Soft Tissue Neck ..W WO W/WO
- C-Spine Level: \_\_\_\_\_ WO W/WO
- T-Spine Level: \_\_\_\_\_ WO W/WO
- L-Spine Level: \_\_\_\_\_ WO W/WO
- Upper Ext/Joint ...W WO W/WO

\_\_\_\_\_ R L B  
Indicate body part

- Lower Ext/Joint ...W WO W/WO

\_\_\_\_\_ R L B  
Indicate body part

- Other ..... W WO W/WO

### CT Angiography (CTA)

Note: IV Contrast Mandatory

- Brain/Intracranial
- Carotid & Vertebral Arteries
- Coronary Artery
- Pulmonary Arteries
- Thoracic Aorta
- Abdominal Aorta (does not include pelvis)
- Pelvis
- Mesenteric Arteries
- Renal Arteries
- Aortoiliac/femoral/Run-off
- Upper Extremities
- Lower Extremities

## MRI and MRA

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

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

### MRI – Circle IV contrast indication

- 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
- Abdomen ..... WO W/WO
- MRCP ..... WO W/WO
- Pelvis ..... WO W/WO
- Breast Bilat ..... W/WO
- Breast Silicone Implant Eval ..WO
- Upper Ext/Joint ..... WO W/WO

\_\_\_\_\_ R L B  
Indicate body part

- Lower Ext/Joint ..... WO W/WO

\_\_\_\_\_ R L B  
Indicate body part

- Other ..... WO W/WO

### MRA

- Intracranial ..... WO
- Extracranial ..... WO W/WO
- Abdominal ..... WO W/WO
- Other ..... WO W/WO

### MRV

- ..... WO W/WO

\_\_\_\_\_ R L B  
Indicate body part

**PLEASE FAX THIS COMPLETED  
ORDER TO: 847.535.8001**

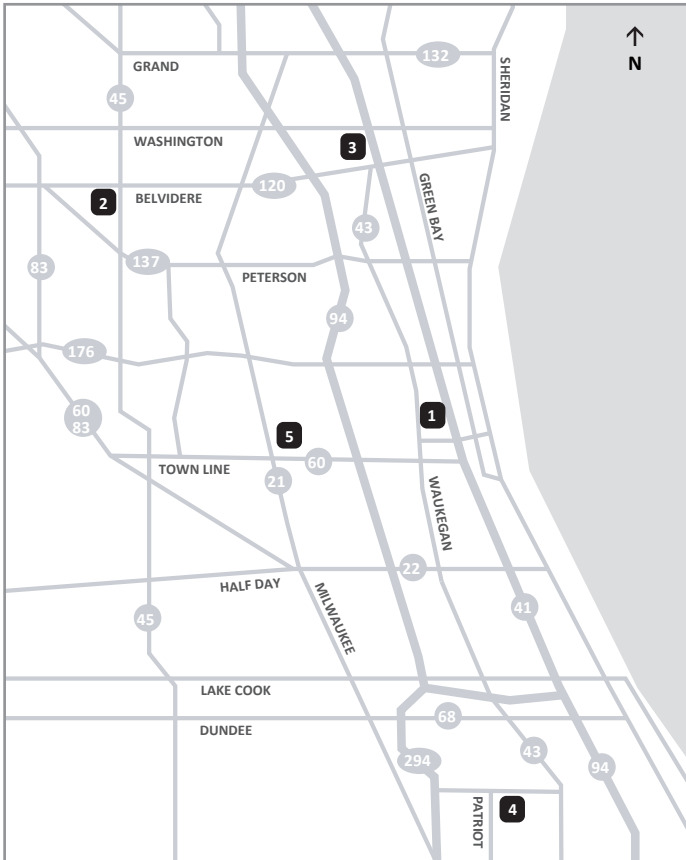
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Northwestern Medicine Lake Forest Hospital offers five convenient locations in Lake and Cook counties for Diagnostic Imaging Services.

- 1 Lake Forest Hospital**  
1000 North Westmoreland Road  
Main Entrance  
Lake Forest, Illinois 60045
- 2 Grayslake Outpatient Center**  
1475 East Belvidere Road (Route 120)  
Grayslake, Illinois 60030
- 3 Gurnee – Tower Court**  
25 Tower Court, Suite A  
Gurnee, Illinois 60031
- 4 Glenview Outpatient Center**  
2701 Patriot Boulevard, Suite 175  
Glenview, Illinois 60026-8039
- 5 Vernon Hills**  
870 North Milwaukee Avenue  
Vernon Hills, Illinois 60061

## SCHEDULING INSTRUCTIONS FOR THE PATIENT

- Please call Patient Scheduling at 847.535.8000 to schedule an appointment. The scheduler will advise you of the specific locations available based on the test ordered.
- When calling to schedule an appointment, please have available your health insurance card and any other paperwork your physician has given you regarding the order.
- For routine appointments, please allow time for your physician to submit the order form and complete any necessary pre-certification for your health insurance. If we have not received the paperwork yet, we will make every effort possible to schedule the appointment and follow-up with your physician for the appropriate information.

Thank you and we look forward to providing you the best care during your visit to Northwestern Medicine Lake Forest Hospital.