

Lake Forest Hospital

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

TEST RESULTS/QUESTIONS:
847.535.6300

SCHEDULING:
847.535.8000 office
847.535.8001 fax

nm.org

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.

*Orders are valid for 90 days.

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 AND SYMPTOMS/DIAGNOSIS/ICD CODE(S)

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

Notes: _____

General Radiology

- Skull
- Orbits
- Orbits for Foreign Body
- 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 PA only
- Scoliosis PA & Lat
- Abdomen Flat Plate (Kub)
- Endolateral Neck
- Bone Age Study
- Other: _____

Fluoroscopy

- ERCP
- Bronch
- Lower GI Single Double
- Upper GI
- Hysterosalpingogram
- Small Bowel
- Esophagram
- IVP
- IVPs require a BUN/Creatinine within 6 weeks for the following: 65 years of age or greater, diabetes and/or kidney disease.
 - Order BUN/Creatinine
 - Results attached
 - NA
- VCUG (X-ray)
- Hip Injection R L B
- Arthrogram XR
 - MRI to Follow
 - CT to Follow
 - a. Shoulder
 - b. Elbow
 - c. Wrist
 - d. Hip
 - e. Knee
 - f. Ankle
- Other: _____

Ultrasound

- Kidney
- Bladder
- Abdomen Limited: _____
- Abdomen Complete
- Pelvis/Vag
- Hysterosonography
- Neonatal Head
- Infant Hips
- Infant Spine
- OB 1st Trimester/Vag
- OB 2nd/3rd Trimester
- OB Limited
- Biophysical Profile
- Carotid Doppler
- Arterial Doppler Extremity w/ Pressures
 - a. Upper b. Lower
- Arterial Doppler Duplex: _____
- Venous Doppler R L B
 - a. Upper b. Lower
- Venous Insufficiency R L B
- Thyroid
- Scrotal
- Musculoskeletal: _____
- Other: _____

X-ray and Ultrasound Outpatient Order Form

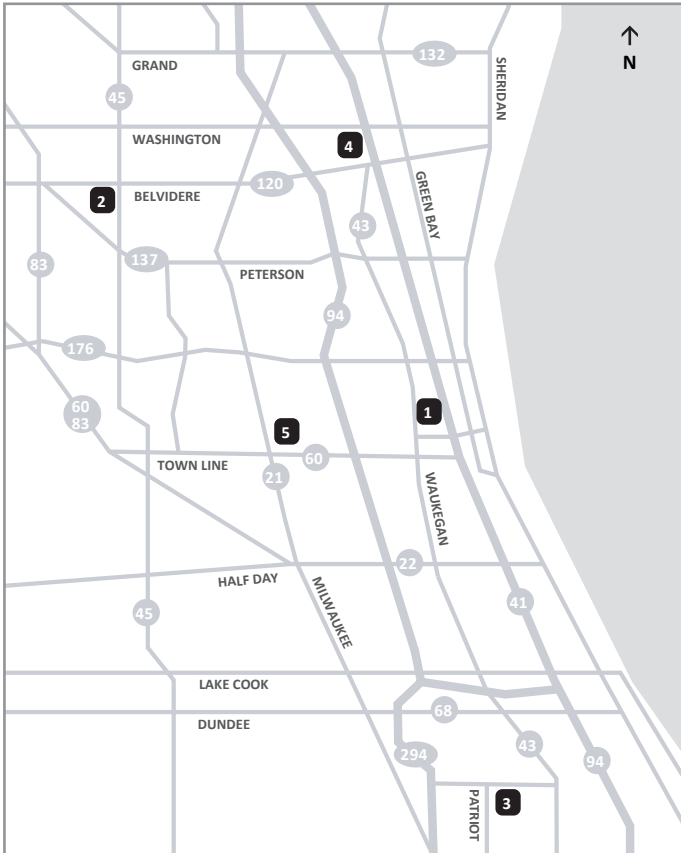
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Call/Fax for Appointments

Northwestern Medicine Lake Forest Hospital offers 5 convenient locations in Lake and Cook counties for Diagnostic Imaging Services.

- | | |
|---|--|
| <p>1 Lake Forest Hospital
1000 North Westmoreland Road
Main Entrance
Lake Forest, Illinois 60045
847.535.8000 phone
847.535.8001 fax</p> | <p>4 Gurnee – Tower Court
25 Tower Court, Suite A
Gurnee, Illinois 60031
847.535.8000 phone
847.535.8001 fax</p> |
| <p>2 Grayslake Outpatient Center
1475 East Belvidere Road (Route 120)
Grayslake, Illinois 60030
847.535.8000 phone
847.535.8001 fax</p> | <p>5 Vernon Hills
870 North Milwaukee Avenue
Vernon Hills, Illinois 60061
847.535.8000 phone
847.535.8001 fax</p> |
| <p>3 Glenview Outpatient Center
2701 Patriot Boulevard, Suite 175
Glenview, Illinois 60026-8039
847.535.8000 phone
847.535.8001 fax</p> | |

main telephone	847.234.5600	website	nm.org
patient scheduling	847.535.8000	physician referral	847.535.6171