



Location Preference: [ ] 8522 W. Capitol Drive, Milwaukee, WI 53222 phone 414.847.1800 fax 414.847.1820 [ ] 10500 W. Loomis Rd., Suite 120 Franklin, WI 53132 phone 414.529.3100 fax 414.529.3102

Please fax copy of insurance card with order.

Patient Name: LAST FIRST MIDDLE INITIAL Date of Birth: \_\_\_/\_\_\_/\_\_\_ [ ] Male [ ] Female

Address: STREET CITY STATE ZIP CODE

Phone Numbers: Home Cell

Diagnosis/Reason for Exam (Please avoid "rule out" terminology):

ORDERS

RADIOGRAPHY/X-RAY: [ ] Lat Neck [ ] 2 View Neck [ ] PA Chest [ ] 2 View Chest [ ] Sinus

Other or Special Request

FLUOROSCOPY: [ ] UGI [ ] Small Bowel [ ] OPMS [ ] Neck

Other or Special Request

ULTRASOUND:

MRI: [ ] Head/Brain [ ] Soft Tissue Neck [ ] Chest [ ] Face [ ] Orbits [ ] Inner ear/posterior fossa [ ] Other [ ] Contrast [ ] No Contrast [ ] Radiologist's Discretion

CT: [ ] Sinus [ ] Neck [ ] Chest [ ] Temporal Bones [ ] Facial Bones [ ] Brain [ ] Skull [ ] Skull and Face 3D [ ] Orbits [ ] Airway with Reformats

Other or Special Request

[ ] Contrast [ ] No Contrast [ ] Radiologist's Discretion

If patient is >50 years of age: [ ] Creatinine or Recent Result

[ ] 3D [ ] Coronal [ ] Sagittal [ ] Radiologist's Discretion

INTERVENTIONAL: [ ] PICC [ ] Aspiration/Biopsy SITE

[ ] Other

OTHER CLINICAL INFORMATION

[ ] Allergies or Other Risk Factors? [ ] NKA

[ ] This Patient will Likely Need Sedation [ ] Known Claustrophobia (MRI)

[ ] Negative Pregnancy Test; Date [ ] Not Applicable

SPECIAL REQUESTS

[ ] Call Results to [ ] Fax Results to

[ ] Send CD with Patient [ ] Send Films with Patient [ ] Send Paper Copy with Key Images

[ ] Mail CD with Report [ ] Compare to Exam Performed at Date

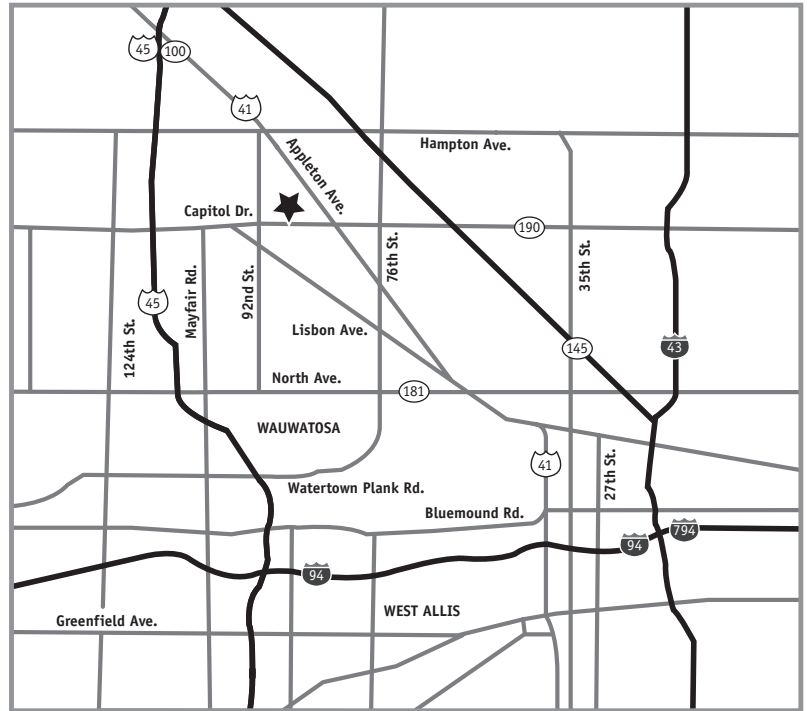
PHYSICIAN'S SIGNATURE (REQUIRED)

PLEASE PRINT NAME

DATE

**pdi**   
**Pediatric Diagnostic Imaging**  
 Dr. Robert Wells & Associates S.C.

**LOCATION** 8522 W. Capitol Drive,  
 Milwaukee, WI 53222  
**PHONE** (414) 847-1800  
**FAX** (414) 847-1820  
**WEB SITE** www.pdi-imaging.com  
**PARKING** Convenient parking on Capitol  
 Drive, 86th Street or in rear  
 of building (enter via alley).



**LOCATION** OneSource Medical Center  
 10500 W. Loomis Rd., Suite 120  
 Franklin, WI 53132  
**PHONE** (414) 529-3100  
**FAX** (414) 529-3102  
**WEB SITE** www.pdi-imaging.com

