



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): [ ] Seizures [ ] Headache [ ] Head Trauma

ORDERS

RADIOGRAPHY/X-RAY: [ ] Chest ([ ] PA [ ] 2 views) [ ] Abdomen ([ ] AP [ ] 2 views) [ ] IVP

Other or Special Request

FLUOROSCOPY: [ ] VCUG [ ] Urethrogram [ ] Nephrostogram Other or Special Request

ULTRASOUND: [ ] Renal [ ] Pelvis [ ] Abdomen [ ] Infant Spine

Other or Special Request

MRI: [ ] Abdomen [ ] Pelvis [ ] Kidneys [ ] Spine ([ ] C, [ ] T, [ ] L) Other or Special Request [ ] Contrast [ ] No Contrast [ ] Radiologist's Discretion

CT: [ ] Abdomen [ ] Pelvis [ ] Kidneys [ ] Stone search [ ] Spine ([ ] C, [ ] T, [ ] L)

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 [ ] Tube Placement SITE [ ] Aspiration/Biopsy SITE

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**  
S.C.  
Dr. Robert Wells & Associates

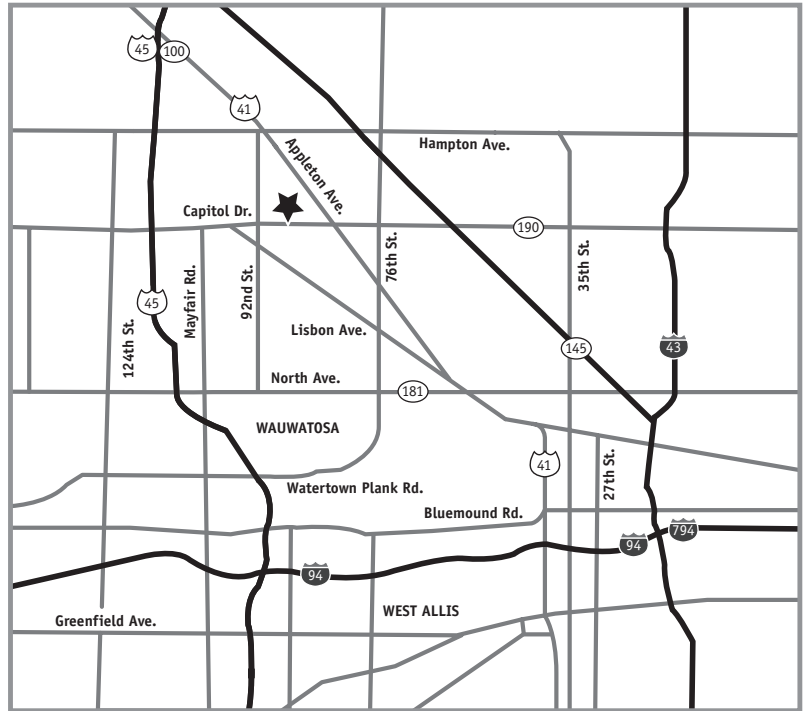
LOCATION 8522 W. Capitol Drive,  
Milwaukee, WI 53222

PHONE (414) 847-1800

FAX (414) 847-1820

WEB SITE [www.pdi-imaging.com](http://www.pdi-imaging.com)

PARKING Convenient parking on Capitol Drive, 86th Street or in rear of building (enter via alley).



North

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](http://www.pdi-imaging.com)

