

Please contact us at: Phone 414.529.3100 Fax 414.529.3102
Location Preference: [] 8522 W. Capitol Drive, Milwaukee, WI 53222
[] 10500 W. Loomis Rd., Suite 120 Franklin, WI 53132

Please fax copy of insurance card with order.
Please feel free to photocopy form.
To access more order forms please visit www.pdi-radiology.com

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): [] UTI [] VUR [] Enuresis [] Flank Pain

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
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, is Diabetic, or has Kidney Disease: [] Creatinine Results and Date Drawn
[] 3D [] Coronal [] Sagittal [] Radiologist's Discretion

INTERVENTIONAL: [] PICC [] Tube Placement SITE
[] Vein therapy consultation [] 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

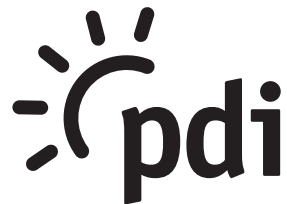
SPECIAL REQUESTS

[] 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



RADIOLOGY

ADULT DIAGNOSTIC IMAGING

FRANKLIN OneSource Medical Center
 10500 W. Loomis Rd., Suite 120
 Franklin, WI 53132

PHONE (414) 529-3100
 FAX (414) 529-3102
 WEB SITE www.pdi-radiology.com
 HOURS 8 am - 7 pm Monday - Friday

MILWAUKEE 8522 W. Capitol Drive,
 Milwaukee, WI 53222

PHONE (414) 529-3100
 FAX (414) 529-3102
 WEB SITE www.pdi-radiology.com
 PARKING Convenient parking on Capitol Drive, 86th Street or in rear of building (enter via alley).
 HOURS 8 am - 7 pm Monday - Friday
 9 am - 1 pm Saturday



Milwaukee & Franklin Locations

