

Boys Town National Research Hospital Outpatient Radiology Order Form

Patient Referral Directions:

1. Fill out Boys Town Outpatient Radiology order form.
 2. Fax order form to testing location – Pacific Street or Downtown.
 3. Fax completed labs/clinical information, if necessary.
 4. Call desired location to schedule appointment.
- Pacific Street Phone: 402-778-6891; Fax: 402-778-6847
Downtown (X-Ray only) Phone: 402-498-6582; Fax: 402-498-6614

Patient Information

Patient Name: _____ Date of Birth: _____ Date: _____
 Medical Record Number (if available): _____
 Insurance Provider: _____
 Prior Authorization Number: _____ Patient Contact Number: _____

Ordering Clinic Information

Clinic Contact Name: _____ Clinic Contact Number: _____
 Ordering Physician: _____ Physician Signature: _____

IMAGING STUDY REQUESTED

CT

- Type of study requested

 - Patient's Symptoms

 - Is this the result of an injury?
 Yes No
 If yes, please describe injury: _____

 - Additional Comments: _____

- CONTRAST:**
- With Contrast With/Without Contrast
 Without Contrast 3-D Reconstruction

MRI

- Type of study requested

 - Patient's Symptoms

 - Is this the result of an injury?
 Yes No
 If yes, please describe injury: _____

 - Additional Comments: _____

- CONTRAST:**
- With Contrast With/Without Contrast
 Without Contrast

FOR CT/MRI:

Sedation Needed? Yes No *If yes, see Sedation CT/MRI form*
 Lab Needed (SEE CREATININE VALUE REQUIREMENTS AT RIGHT): Yes No
If yes, see Lab order form
 If lab is completed, please fax labs along with imaging order form.

ULTRASOUND

Type of Study Requested: _____
 Additional Comments: _____

X-RAY

Type of Study Requested: _____
 Indications: _____

A creatinine value performed within 60 days of exam must be performed on patients getting a CT who meet the following criteria:

- Age 60 or older; Lupus; History of diabetes; Renal transplant; Multiple myeloma; Currently taking vancomycin; Chemotherapy in the last 4 weeks; Removal of all or part of the kidney; History of renal disease, including cancer of the kidney or bladder, renal failure, hydronephrosis, renal insufficiency, hematuria, or history of elevated creatinine level in the past; Use of non-steroidal anti-inflammatory drugs for 6 months or more (Advil, Aleve).

A creatinine value performed within 60 days of exam must be performed on patients getting a MRI who meet the following criteria:

- Age 60 or older; History of diabetes; History of liver transplant or pending liver transplant; History of renal disease, including cancer of the kidney or bladder, renal failure, hydronephrosis, renal insufficiency, hematuria, or history of elevated creatinine level in the past

**BOYS TOWN
National Research
Hospital**



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