



# Diagnostic Testing Order Form

Phone: 937-641-4000 Fax: 937-641-4500  
One Children's Plaza • Dayton, OH 45404-1815 • childrensdayton.org

### PATIENT INFORMATION

Patient's Name: \_\_\_\_\_  
M F DOB: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Preferred contact phone: Work Cell Home  
Best time to call: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Do you need an interpreter? \_\_\_\_\_  
Patient is in custody of: Parents Guardian CSB  
**Verify precertification prior to testing.**  
1<sup>st</sup> Insurance: \_\_\_\_\_ ID# \_\_\_\_\_  
**Precert # \_\_\_\_\_ CPT Code \_\_\_\_\_**  
2<sup>nd</sup> Insurance: \_\_\_\_\_ ID# \_\_\_\_\_  
**Precert # \_\_\_\_\_ CPT Code \_\_\_\_\_**

### REFERRING PROVIDER INFORMATION

**Date of Request:** \_\_\_\_\_  
**Office Contact Person** \_\_\_\_\_  
**Ordering Provider:** \_\_\_\_\_  
(please print)  
Additional relevant diagnostic/clinical information or testing:  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
**Provider Signature:** \_\_\_\_\_  
(required)  
Does the patient require sedation? **Yes No Unknown**  
**Reason:** \_\_\_\_\_

*Please include results of tests completed at other facilities*

#### Please check one:

Routine appointment- next available time slot  
Urgent appointment- requires urgent attention (typically same)

#### Cardiology Test Lab

Electrocardiogram (EKG) with Rhythm Strip  
24-Hr Holter Monitor  
48-Hr Holter Monitor  
Electrocardiogram (EKG)  
Event Monitor (30 day)  
Real time event monitor Looping event monitor  
Echocardiogram  
Main Campus Troy Campus  
South Campus Pediatric Care Alliance - Springfield  
Echocardiogram with Sedation  
Fetal Echocardiogram  
Transesophageal Echocardiogram (TEE) -  
Discuss w/Cardiologist  
Exercise Test (Graded)  
Other \_\_\_\_\_

#### Pulmonary Diagnostic Lab

##### Test Location

Main Campus Beavercreek Springboro Check Here if a Shriner's Patient

Resting Energy Expenditure (REE) testing

##### Patients 3 to 5 years old

Forced Oscillation Technique pre/post bronchodilator<sup>1</sup>  
Forced Oscillation Technique without bronchodilator (good for follow-up)

##### Patients > 5 years old

Spirometry (flow only) pre/post bronchodilator<sup>1</sup>  
Spirometry without bronchodilator (good for follow-up)  
Exhaled Nitric Oxide (eNO)  
Spirometry, lung volumes, pre/post bronchodilator<sup>1</sup>  
Spirometry, lung volumes, diffusion capacity  
Spirometry, lung volumes, diffusion capacity, pre/post bronchodilator<sup>1</sup>  
Respiratory muscle strength evaluation (MIP, MEP, MVV)  
Exercise Induced Bronchospasm (includes spirometry pre/post ex post bronchodilator)  
Methacholine challenge  
Preoperative testing/neuromuscular profile (includes spirometry, lung volumes, RAW, respiratory muscle strength tests). Pre/post bronchodilator<sup>1</sup> and DLCO  
Helicobacter Pylori Breath Test  
Breath hydrogen test: Glucose Lactulose Lactose Sucrose Fructose

<sup>1</sup>: Albuterol 2.5mg / 3ml nebulized

#### Neurodiagnostic Lab

EEG (routine)  
24 hour EEG  
Visually evoked potential  
Brainstem auditory evoked potential  
EMG with nerve conduction study  
Nerve conduction study

#### TEST ORDERS

Primary diagnosis ICD-10: \_\_\_\_\_ Medications: \_\_\_\_\_  
Secondary diagnosis ICD-10: \_\_\_\_\_ How long on meds?: \_\_\_\_\_  
Onset of symptoms: \_\_\_\_\_ Allergies: \_\_\_\_\_  
X-ray/lab tests completed, when?: \_\_\_\_\_

**Our goal is to process referrals within two business days. If unable to contact family within one week, we will notify your office.**

Dayton Children's use only:

#### Central Scheduling Notes:

#### Appt Sched:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Spoke With: Mother Father Guardian