



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.
 1st Insurance: _____ ID# _____
Precert # _____ CPT Code _____
 2nd 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 Springboro Check Here if a Shriner's Patient

Resting Energy Expenditure (REE) testing

Patients 3 to 5 years old

- Forced Oscillation Technique pre/post bronchodilator¹
- Forced Oscillation Technique without bronchodilator (good for follow-up)

Patients > 5 years old

- Spirometry (flow only) pre/post bronchodilator¹
- Spirometry without bronchodilator (good for follow-up)
- Exhaled Nitric Oxide (eNO)
- Spirometry, lung volumes, pre/post bronchodilator¹
- Spirometry, lung volumes, diffusion capacity
- Spirometry, lung volumes, diffusion capacity, pre/post bronchodilator¹
- 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 bronchodilator¹ and DLCO
- Helicobacter Pylori Breath Test
- Breath hydrogen test: Glucose Lactulose Lactose Sucrose Fructose

¹: 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