



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**
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

Ambulatory BP monitor
24-Hr Holter Monitor
48-Hr Holter Monitor
Electrocardiogram (EKG)
Event Monitor (30 day)
Real time event monitor Looping event monitor
Echocardiogram
Main Campus Beaver Creek Testing Center South Campus
Pediatric Care Alliance - Springfield
Echocardiogram with Sedation
Exercise Test (Graded)
Other _____

Pulmonary Diagnostic Lab

Test Location
Main Campus Springboro
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