Cincinnati Children's
changing the outcome together

3333 Burnet Ave., MLC 9014
Cincinnati, OH 45229-3039
1-800-344-2462
Forms: http://www.cincinnatichildrens.org/referrals

DIAGNOSTIC TESTING ORDER FORM

FAX form to 513-803-1111 or 1-866-877-8905

(After faxing form, encourage family to call for appointment.)

PATIENT INFORMATION

Today's Date_____ CCHMC MR #_____ (if available)

Patient's Name_____

Date of Birth_____ Patient Gender _____ Mother's Name: _____

Home Phone_____ Alt Phone_____

REASON FOR TESTING

Reason for testing / **Specific question(s) to be answered**:

1. _____

2. _____

History / Allergies / Symptoms / Potential diagnosis / Special needs: _____

☐ Check here if additional clinical information is included with this request.

SERVICES REQUESTED

CARDIOLOGY

- ☐ Holter Monitor
- ☐ Tilt Test
- ☐ Event Monitor
- ☐ Exercise Testing (GXT)
- ☐ with PFT [1]
- ☐ EKG
- ☐ with Rhythm Strip
- ☐ with Signal Average
- ☐ ECHO
- ☐ Pre-cath
- ☐ Pre-surgery
- ☐ Dobutamine

NEUROLOGY

- ☐ EEG
- ☐ EEG, Sleep deprived

PEDIATRIC REHABILITATION

- ☐ EMG

(indicate extremity _____)

PULMONARY FUNCTION

- ☐ Spirometry – evaluate for obstruction
  - ☐ give albuterol 2.5 mg nebulized **only if** baseline test abnormal (spirometry)
  - ☐ give albuterol 2.5 mg nebulized **regardless** of baseline test results (spirometry pre/post)
- ☐ Lung volumes (plethysmography)
  Necessary to determine restriction
- ☐ Diffusion capacity (DLco)
  Evaluate for abnormal gas exchange (may be seen in interstitial lung disease)
  Includes measurement of Hgb – requires CBC same day
- ☐ Respiratory Muscle Strength
  Evaluate for respiratory muscle weakness
- ☐ Methacholine Challenge
  Evaluate for bronchial hyperreactivity/asthma
- ☐ Exercise Challenge
  Evaluate for exercise-induced bronchospasm
  Albuterol 2.5 mg nebulized prn in response to abnormal test
- ☐ Exercise Challenge with EKG
  Evaluate for exercise-induced bronchospasm and/or exercise induced arrhythmia
  Albuterol 2.5 mg nebulized prn in response to abnormal test
- ☐ Other _____

OTHER

DXA Scan

- ☐ Bone Mineral Density – Lumbar Spine
- ☐ Body Composition – Total Body

- ☐ GTT – 2 hour (includes glucose and insulin)[2]
- ☐ Sweat Chloride
- ☐ Other _____

[1] Albuterol 4 puffs M.D.I. (90 mcg/puff) prn in response to abnormal test
[2] For GTT of longer duration, please call Endocrinology at (513) 636-7832

REQUESTING PRACTITIONER / GROUP

Office Name _____ Physician Name _____

Office Address _____ Telephone _____

_____ Fax _____

Signature / Credentials of ordering Practitioner _____ Time/Date_____

Print Name (if different from physician above)_____ Date _____