

Patient's Name: \_\_\_\_\_

Pt. Label

Birth Date: \_\_\_\_\_  Male  Female

Date and Time of EXAM \_\_\_\_\_ Arrive at \_\_\_\_\_

Insurance Co. \_\_\_\_\_ PC#: \_\_\_\_\_

DX/Signs/Symptoms:

A) \_\_\_\_\_ C) \_\_\_\_\_

B) \_\_\_\_\_ D) \_\_\_\_\_

(indicate A, B, C, D in DX Code Box for each test ordered)

Ordering Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Printed Name \_\_\_\_\_

**PLEASE REPORT TO:**

- Waverly Health Center**  
312 9th Street SW, Waverly, IA 319-352-4121
- Unity Point Health - Allen Hospital**  
1825 Logan Avenue, Waterloo, IA 319-235-3941
- Allen Imaging Center**  
1753 W Ridgeway Ave, Waterloo, IA 319-833-6001
- Covenant Medical Center (Use Patient Entrance)**  
3421 West 9th Street, Waterloo, IA 319-272-8000

When tests are completed, send patient:

- Home  To Office  To Office with Results
- To Office with Films  Hold & Call  Shuttle Films

Fax results to \_\_\_\_\_ Fax # \_\_\_\_\_

Additional Copies of reports to: \_\_\_\_\_

PANEL PROFILES	DX	CHEMISTRY/SP CHEM	DX	HEMATOLOGY/COAG	DX
<b>Basic Metabolic Panel</b> (Fasting) (Na, K, Cl, CO2, BUN, Creat, Gluc, Ca)		Folate		CBC with Differential	
		FSH		CBC w/o Differential (Hemogram)	
<b>Comp Metabolic Panel</b> (Fasting) (Na, K, Cl, CO2, BUN, Creat, Gluc, T. Prot, Alb, Alk ph, T. Bili, SGOT, SGPT, Ca, CO2)		LH		WBC	
		GGT (Gamma GT)		Hgb	
<b>Electrolytes</b> (Na, K, Cl, CO2)		Glucose (Fasting Recommended)		Hct	
<b>Hepatic (Liver) Panel</b> (Alb, Alk ph, SGOT, SGPT, T. Bili, D. Bili, T. Prot.)		Glucose Challenge (1 hour)		Platelet Count	
		Glucose Tolerance (Standard)		Sed Rate (ESR)	
<b>Lipid Panel</b> (Fasting required) (Chol, Trig, HDL, LDL, VLDL)		Glucose Tolerance (Gestational)		Retic Count	
		Glyco Hgb (Hgb A1c)		Prottime/INR	
<b>Obstetric Panel</b> (ABO, Rh, AB Screen, RPR, Rubella, CBC, HbsAg)		Hep A Antibody		PTT	
		Hep Bs Ag		Platelet Function Assay	
<b>Renal Function Panel</b> (Alb, Ca, Cl, Creat, Gluc, Phos, K, Na, BUN)		Hep Bs Antibody		<b>TDM/TOXICOL DX</b>	
		Hep Bcore Antibody		Carbamazepine (Tegretol)	
		Hep C Virus (ab)		Digoxin	
		H Pylori (Breath)		Dilantin	
		H Pylori (Blood)		Lithium	
		Iron		Lamotrigine	
		Lipase		Depakote	
<b>BLOOD BANK DX</b>		Phosphorus		<b>MICRO/PATHOLOGY/CYT DX</b>	
ABO/RH		Potassium		C difficile	
Type and Screen		Prolactin		C&S Source:	
Type and Crossmatch (Please indicate number of Units)		PSA (Diagnostic)		EMB	
Rhogam		PSA (Screening)		Fungal Culture: Source: _____	
		SGOT (AST)		GBBS	
<b>CHEMISTRY DX</b>		SGPT (ALT)		GC/Chlamydia	
AFP (Maternal)		Sodium		HPV Culture	
Albumin		T3, Total		HSV Culture	
Alkaline Phosphatase		T4, Free		O&P	
Amylase		T4, Total		Pap <input type="checkbox"/> Diagnostic <input type="checkbox"/> Screening	
ANA		T7 (T Uptake, T4, FTI)		Strep Screen	
Anti-Smooth Muscle Ab		Trig (Fasting Recommended)		Throat Culture	
ASO Titer		TSH (Sensitive)		<b>URINALYSIS/BF DX</b>	
Bilirubin (Total)		Uric Acid		UA (Routine) <input type="checkbox"/> Voided <input type="checkbox"/> Clean Catch <input type="checkbox"/> Cath	
Bilirubin (Direct)		Vitamin B12		Urine culture <input type="checkbox"/> If Indicated	
Bilirubin (Neonatal)		Vit-D-25-OH		Microalbumin	
BUN		21 Day Progesterone		Fecal Occult Blood (Diagnostic)	
Calcium		<b>SEROLOGY DX</b>		Fecal Occult Blood (Screening)	
CEA		B-HCG <input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative		Fecal Occult (Medicare)	
Chloride (Cl)		HS-CRP (Cardio)		Semen Analysis	
Cholesterol (Fasting Recommended)		CRP (Quantitative)		Post Vasectomy	
Creatinine		Monospot		<b>OTHER-PLEASE DO NOT ABBREVIATE DX</b>	
Ferritin		RA (RF) Factor		Non Stress Test	



**CARDIOPULMONARY SERVICES**

PULMONARY FUNCTION-SPECIFY		DX	EMG-SITE SPECIFIC		DX	RESPIRATORY THERAPY		DX
Complete PFT w/bronchodilator			Lowers	<input type="checkbox"/> Right <input type="checkbox"/> Left		Aerosol RX with _____		
Complete PFT w/o bronchodilator			Uppers	<input type="checkbox"/> Right <input type="checkbox"/> Left		<input type="checkbox"/> ABGs		
Spirometry w/bronchodilator			SSEP	<input type="checkbox"/> Right <input type="checkbox"/> Left		<input type="checkbox"/> Capillary		
Spirometry w/o bronchodilator			VER	<input type="checkbox"/> BAER		<input type="checkbox"/> Cord Gases		
Aridol challenge test			<b>CARDIOVASCULAR SERVICES</b>			<b>DX</b>	<input type="checkbox"/> Venous blood gas	
Pulmonary stress test			Arterial Segmental Pressures			<input type="checkbox"/> Carbon monoxide		
Other:			<input type="checkbox"/> Ankle Brachial Index <input type="checkbox"/> Exercise			<input type="checkbox"/> Other:		
<b>NEURODIAGNOSTICS</b>		<b>DX</b>	Echo <input type="checkbox"/> Adult <input type="checkbox"/> Peds					
EEG <input type="checkbox"/> Sleep Deprived			Echo <input type="checkbox"/> Stress <input type="checkbox"/> Contrast <input type="checkbox"/> TEE			EKG		
Sleep Study			Carotid Ultrasound			Arrhythmia Monitor (Event)		
Sleep Study w/CPAP			Ven Ultrasound <input type="checkbox"/> Upper <input type="checkbox"/> Lower			Holter Monitor <input type="checkbox"/> 24 <input type="checkbox"/> 48		
Other:			<input type="checkbox"/> Ltd <input type="checkbox"/> Complete			Cardiac/Treadmill Stress Test		
			Arterial Duplex <input type="checkbox"/> Upper <input type="checkbox"/> Lower			Other:		

**RADIOLOGY SERVICES**

Adjust exam per radiologist protocol

GASTROINTESTINAL		DX	EXTREMITY, UPPER		DX	SPINE/PELVIS		DX
Barium Enema <input type="checkbox"/> with Air			Hand	<input type="checkbox"/> Right <input type="checkbox"/> Left		Cervical <input type="checkbox"/> w/Obliques <input type="checkbox"/> Flex/Ext		
Esophagram			Wrist	<input type="checkbox"/> Right <input type="checkbox"/> Left		Thoracic Spine		
Upper GI <input type="checkbox"/> With sm bowel <input type="checkbox"/> w/Air			Elbow	<input type="checkbox"/> Right <input type="checkbox"/> Left		Lumbar Spine <input type="checkbox"/> w/Obliques <input type="checkbox"/> Flex/Ext		
Small Bowel			Shoulder	<input type="checkbox"/> Right <input type="checkbox"/> Left		Pelvis, AP		
Other:			Humerus	<input type="checkbox"/> Right <input type="checkbox"/> Left		Hip w/Pelvis <input type="checkbox"/> Right <input type="checkbox"/> Left		
			Other:			Other:		
ABDOMEN, CHEST		DX	EXTREMITY, LOWER		DX	HEAD		DX
PA/Lateral Chest			Foot	<input type="checkbox"/> Right <input type="checkbox"/> Left		Mandible		
PA Chest			Ankle	<input type="checkbox"/> Right <input type="checkbox"/> Left		Facial Bones		
Ribs w/ 1 view chest <input type="checkbox"/> R <input type="checkbox"/> L			Knee	<input type="checkbox"/> Right <input type="checkbox"/> Left		Orbits		
AP Abdomen/KUB 1 view			Femur	<input type="checkbox"/> Right <input type="checkbox"/> Left				
Flat & Upright Abdomen 2 view			Hip, 2 Views	<input type="checkbox"/> Right <input type="checkbox"/> Left				
Other:			Tib/Fib	<input type="checkbox"/> Right <input type="checkbox"/> Left				
			Other:					
GENITOURINARY		DX	SPECIAL STUDIES		DX	SPECIAL STUDIES		DX
KUB			Bone Density			Swallowing Video w/Speech Eval (Requires Tan Therapy Order)		
IVP w/o tomo			Myelogram/CT <input type="checkbox"/> Cervical <input type="checkbox"/> Lumbar			Other:		
Voiding CUG w/Cath--OPC			Venogram, Extremity <input type="checkbox"/> Right <input type="checkbox"/> Left					
HSG			Arthrogram Shoulder <input type="checkbox"/> w/MRI <input type="checkbox"/> R <input type="checkbox"/> L					
Other:			Arthrogram Hip <input type="checkbox"/> w/MRI <input type="checkbox"/> R <input type="checkbox"/> L					
CT		DX	Arteriography Location: _____					
Head <input type="checkbox"/> w <input type="checkbox"/> w/o <input type="checkbox"/> w/wo			Other:			ULTRASOUND		DX
Chest <input type="checkbox"/> w <input type="checkbox"/> w/o <input type="checkbox"/> w/wo						Gallbladder <input type="checkbox"/> Liver <input type="checkbox"/>		
Abdomen <input type="checkbox"/> w <input type="checkbox"/> w/o <input type="checkbox"/> w/wo			MAMMOGRAPHY		DX	OB Ultrasound <input type="checkbox"/> 1st Trimester		
Pelvis <input type="checkbox"/> w <input type="checkbox"/> w/o <input type="checkbox"/> w/wo			UNI MAMMO <input type="checkbox"/> Right <input type="checkbox"/> Left			<input type="checkbox"/> > 14 wks <input type="checkbox"/> F/U		
Spine Location: _____ <input type="checkbox"/> 3D Recon.			Diagnostic Bilateral Mammo			Biophysical Profile		
<input type="checkbox"/> w/Reconstruction <input type="checkbox"/> w <input type="checkbox"/> w/o <input type="checkbox"/> w/wo			Screening Bilateral Mammo			Abdomen <input type="checkbox"/> Complete <input type="checkbox"/> Limited		
Sinuses <input type="checkbox"/> Ltd <input type="checkbox"/> ENT			<input type="checkbox"/> Add. Views or Ultrasounds if Indicated			Pelvis <input type="checkbox"/> Trans Abd <input type="checkbox"/> Trans Vag		
<input type="checkbox"/> Full <input type="checkbox"/> Stealth			Stereotactic Biopsy <input type="checkbox"/> Right <input type="checkbox"/> Left			<input type="checkbox"/> Transvaginal per Radiologist Protocol		
Chest w for PE Protocol			Needle Localization			Aorta		
CTA w Location			NUCLEAR MEDICINE		DX	Kidney		
Renal-Kidney Stone Protocol			(VQ) Lung <input type="checkbox"/> Ventilation <input type="checkbox"/> Perfusion			Testicular		
Soft Tissue Neck			Thyroid <input type="checkbox"/> Scan <input type="checkbox"/> Uptake <input type="checkbox"/> Ca Whole Body			Thyroid		
Other:			Bone Scan <input type="checkbox"/> Whole Body			Breast <input type="checkbox"/> Right <input type="checkbox"/> Left		
MRI		DX	<input type="checkbox"/> Limited --Area _____			Non Vascular <input type="checkbox"/> Right <input type="checkbox"/> Left		
Head/Brain <input type="checkbox"/> IAC's			<input type="checkbox"/> 3 Phase--Area _____			Extremity _____		
Cervical			<input type="checkbox"/> SPECT--Area _____			Venous Doppler <input type="checkbox"/> Right <input type="checkbox"/> Left		
Thoracic			Renal <input type="checkbox"/> Lasix _____ mg			Extremity _____		
Lumbar			Hepatobiliary <input type="checkbox"/> w/CCK/EF <input type="checkbox"/> w/o CCK			US Guided Biopsy <input type="checkbox"/> Right <input type="checkbox"/> Left		
Extremity _____ <input type="checkbox"/> R <input type="checkbox"/> L			Gastric Emptying Scan			Area _____		
MRA			Cardiolite <input type="checkbox"/> Treadmill			Other:		
X-ray Orbits for FB			<input type="checkbox"/> Lexiscan					
Other:								
MRI Contrast may be used per Radiologist Protocol			Other:					