



Children's National

Children's National Imaging Order Form

SCHEDULING: 301-765-5700 FAX: 301-572-1386

9850 Key West Ave, Suite 110, Rockville MD 20850

www.ChildrensNational.org

**Children's National
Montgomery County**

Serving all of your pediatric imaging needs with state-of-the-art equipment,
low dose protocols, and a child-friendly environment.

Appointment Date: __ / __ / __

Date: __ / __ / __

STAT READING?

Time: _____

Provide phone # to call for STAT Reading

Patient Name: _____ Patient Birthdate: _____

Parent/Legal Guardian Name: _____

Parent's Phone #1: _____ Phone #2: _____

Symptoms/Concerns/Clinical History, or Special Instructions: _____

Print Name of Referring Physician

Signature of Referring Physician

Diagnosis Code:

Referring Physician Phone Number: _____

Referring Physician Fax Number: _____

DIAGNOSTIC RADIOLOGY	FLUOROSCOPY	MRI	CT
<input type="checkbox"/> Skull <input type="checkbox"/> Sinus <input type="checkbox"/> Airway / Soft Tissue Neck <input type="checkbox"/> Chest PA/LAT <input type="checkbox"/> Abdomen (KUB) <input type="checkbox"/> Abdomen (Flat/Erect) <input type="checkbox"/> Ribs _____ <input type="checkbox"/> Entire Spine (2 views) <input type="checkbox"/> Spine Scoliosis <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Spine Bending views <input type="checkbox"/> Scanogram/Bone Length Study <input type="checkbox"/> Bone Age Study _____ <input type="checkbox"/> Extremity _____ <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Esophagram / UGI <input type="checkbox"/> Small Bowel Follow Through <input type="checkbox"/> Voiding Cysto Urethrogram (VCUG) <input type="checkbox"/> Mod bas _____ <input type="checkbox"/> Other _____ ULTRASOUND <input type="checkbox"/> Head <input type="checkbox"/> Transcranial Doppler <input type="checkbox"/> Soft Tissue Neck / Thyroid <input type="checkbox"/> Breast <input type="checkbox"/> Abdomen <input type="checkbox"/> Abdomen to r/o Pyloric Stenosis <input type="checkbox"/> Pelvic <input type="checkbox"/> Pelvic & Transvaginal <input type="checkbox"/> Renal <input type="checkbox"/> Spine <input type="checkbox"/> Testicular w/ Doppler <input type="checkbox"/> Hip _____ <input type="checkbox"/> Upper _____ <input type="checkbox"/> Extremity _____ <input type="checkbox"/> Specify lower _____ <input type="checkbox"/> Soft Tissue Mass _____ <input type="checkbox"/> Doppler as Needed _____ <input type="checkbox"/> US Chest _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> With Sedation <input type="checkbox"/> Without Contrast <input type="checkbox"/> With Contrast <input type="checkbox"/> With & Without Contrast <input type="checkbox"/> Contrast as Indicated <input type="checkbox"/> Brain <input type="checkbox"/> MRA Brain <input type="checkbox"/> Spectroscopy <input type="checkbox"/> Face <input type="checkbox"/> Orbits <input type="checkbox"/> Temporal Bones <input type="checkbox"/> TMJ <input type="checkbox"/> Neck <input type="checkbox"/> MRA Neck <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Complete Spine (C, T, L) <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Extremity/Joint _____ <input type="checkbox"/> MR Arthrogram _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Without Contrast <input type="checkbox"/> With Contrast <input type="checkbox"/> With & Without Contrast <input type="checkbox"/> Contrast as Indicated <input type="checkbox"/> Head <input type="checkbox"/> Temporal Bones <input type="checkbox"/> Sinus <input type="checkbox"/> Orbits <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen & Pelvis <input type="checkbox"/> CT Angiography _____ <input type="checkbox"/> Extremity _____ <input type="checkbox"/> Other _____

Driving Directions to Imaging

at Children's National Montgomery County

We are located on the first floor of Shady Grove Professional Park, a 4-story orange brick building across from the 7-Eleven and Taco Bell.

9850 Key West Ave., Suite 110, Rockville, MD 20850

■ From Damascus/Gaithersburg/Germantown/Frederick/Hagerstown:

1. Take Interstate 270 South
2. Take exit **9B** for **I-370 W** toward **Sam Eig Hwy**
3. **I-370 W** turns slightly left and becomes **Sam Eig Hwy**
4. Turn left onto **MD-119 S/ Great Seneca Hwy**
5. Turn right onto **MD-28 W/Key W Ave**, go up the hill turn **LEFT** into the parking lot

■ From Annapolis/Crofton/Bowie/Eastern Shore:

1. Take **Route US-50 W** toward Washington/I-97/Baltimore
2. Take exit **I-95 N/I-495** merge onto **NI-495/I-95 N**
3. Take exit 27/I-495 towards **Silver Spring/College Park**
4. Take exit 35 to **I-270 N** (signs for **Frederick**)
5. Take exit **6B/MD-28 West/ W Montgomery Ave**
6. Stay on **MD- Route 28 West** for 3 miles; continue on **28 West**, now called Key West Ave.
7. **Cross** the last intersection called **Great Seneca Highway** (Hwy 119), go up the hill turn **LEFT** into the parking lot

■ From Columbia, Laurel, Burtonsville, Baltimore:

1. Take Interstate 95 South
2. Take **Route 200 WEST Inter County Connector** (TOLL ROAD)
3. Stay on Route 200 for approximately 18 miles until it becomes **Highway 370 / Sam Eig Hwy**
4. Turn Left onto **Great Seneca Highway** (Hwy 119)
5. Turn Right onto **Key West Avenue**
6. Stay in left lane on Key West Avenue, go up the hill turn **LEFT** into the parking lot

To Avoid Toll:

1. Take Interstate 95 South
2. Take exit 27/I-495 towards **Silver Spring/College Park**
3. Take exit 35 to **I-270 N** (signs for **Frederick**)
4. Take exit **6B/MD-28 West/W. Montgomery Ave**.
5. Stay on **MD-Route 28 West** for 3 miles; continue on **28 West**, now called **Key West Ave**.
6. Cross the last intersection called **Great Seneca Highway** (Hwy 119), go up the hill turn **LEFT** into the parking lot

Please Note: Some GPS software is unreliable for this address.

For assistance with driving directions, please **call 301-765-5700**.