

Physician Orders ADULT: Radiology Diagnostic Contrast Plan

Radiology Diagnostic Contrast Plan Medications		
	IV CONTRAST AGENTS(NOTE)*	
	Cysto-Conray II	
	500 mL, IV, N/A, Routine, (for 1 dose)	
_	Comments: RAD BILL ONLY	
	Hexabrix	
_	20 mL, IV, N/A, Routine, (for 1 dose) Comments: RAD BILL ONLY	
	Isovue-M-200	
	20 mL, IV, N/A, Routine, (for 1 dose)	
	Comments: RAD BILL ONLY	
	Isovue-200	
	mL, IV, N/A, Routine, (for 1 dose) Comments: RAD BILL ONLY	
	Isovue-250	
	mL, IV, N/A, Routine, (for 1 dose) Comments: RAD BILL ONLY	
	Isovue-M-300	
	15 mL, IV, N/A, Routine, (for 1 dose)	
	Comments: RAD BILL ONLY	
	Isovue-300	
	mL, IV, N/A, Routine, (for 1 dose)	
	Comments: RAD BILL ONLY	
	Isovue-370	
	mL, IV, N/A, Routine, (for 1 dose)	
_	Comments: RAD BILL ONLY	
	Magnevist	
	20 mL, IV, N/A, Routine, (for 1 dose)	
	Comments: RAD BILL ONLY	
	Omnipaque 180	
	20 mL, IV, N/A, Routine, (for 1 dose) Comments: RAD BILL ONLY	
	Omnipaque 240 100 mL, IV, N/A, Routine, (for 1 dose)	
	Comments: RAD BILL ONLY	
	Omnipaque 300	
_	100 mL, IV, N/A, Routine, (for 1 dose)	
	Comments: RAD BILL ONLY	
	Optiray 320	
	100 mL, IV, N/A, Routine, (for 1 dose)	



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Comments: RAD BILL ONLY Visipaque-320 50 mL, IV, N/A, Routine, (for 1 dose) Comments: RAD BILL ONLY ORAL/RECTAL Contrast Agents(NOTE)* barium sulfate 648 mg, Tab, PO, N/A, Routine Comments: RAD BILL ONLY barium sulfate 2.1% oral and rectal suspension mL, Oral Susp, PO, N/A, Routine Comments: RAD BILL ONLY Cystografin-Dilute mL, N/A, Routine, (for 1 dose) Comments: RAD BILL ONLY \Box Cystografin 30% injectable solution mL, N/A, Routine, (for 1 dose) Comments: RAD BILL ONLY E-Z-HD 135 mL, Powder, PO, N/A, Routine, mixed with 60 mL water Comments: RAD BILL ONLY \Box Gastrografin 120 mL, PO, N/A, Routine, (for 1 dose) Comments: RAD BILL ONLY Gastrografin 240 mL, Oral Susp, PO, N/A, Routine Comments: RAD BILL ONLY Liquid E-Z Paque 355 mL, Oral Susp, PO, N/A, Routine Comments: RAD BILL ONLY Liquid Polibar 1,500 mL, Soln, PR, N/A, Routine Comments: RAD BILL ONLY Gastrografin 30 mL, Oral Susp, PEG, N/A, Routine, Dilute with 30 mLs of water Comments: RAD BILL ONLY **MD-Gastroview** 30 mL, Oral Susp, PEG, N/A, Routine, Dilute with 30 mLs of water Comments: RAD BILL ONLY \Box Gastrografin 120 mL, PO, N/A, Routine, (for 1 dose) Comments: RAD BILL ONLY

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	MD-Gastroview
	120 mL, PO, N/A, Routine, (for 1 dose) Comments: RAD BILL ONLY
\Box	Gastrografin
	240 mL, PO, N/A, Routine, (for 1 dose) Comments: RAD BILL ONLY
\Box	MD-Gastroview
	240 mL, PO, N/A, Routine, (for 1 dose) Comments: RAD BILL ONLY
	Sinografin
	mL, N/A, Routine, (for 1 dose) Comments: RAD BILL ONLY
	Sol-O-Pake
	oz, Powder, PR, once, Routine, mix with 2000 mL water Comments: RAD BILL ONLY
\Box	Varibar Thin
	mL, Powder, PO, N/A, Routine Comments: RAD BILL ONLY
\Box	Varibar Pudding
	mL, Paste, PO, N/A, Routine Comments: RAD BILL ONLY
	Varibar Nectar
	mL, Oral Susp, PO, N/A, Routine Comments: RAD BILL ONLY
_	SALINE FLUSH Orders(NOTE)*
$\overline{}$	Sodium Chloride 0.9% Flush
	10 mL, Injection, IV Push, prn, PRN Other, specify in Comment, Routine, (for 2 hr) Comments: To promote and maintain IV access patency with administration of medications and/or contrast. RAD BILL ONLY

Date

Time

Physician's Signature

MD Number

*Report Legend:

DEF - This order sentence is the default for the selected order GOAL - This component is a goal IND - This component is an indicator INT - This component is an intervention IVS - This component is an IV Set NOTE - This component is a note

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Rx - This component is a prescription SUB - This component is a sub phase, see separate sheet R-Required order

