



Physician Orders ADULT
Radiology CT Contrast Orders

attach patient label here

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
Medications		
IV CONTRAST AGENTS		
<input type="checkbox"/>	Isovue-M-200	_____ mL, IV, once, Routine (for 1 dose), Comments: RAD BILL ONLY
<input type="checkbox"/>	Isovue-200	_____ IV, once, Routine, (for 1 dose), Comments: RAD BILL ONLY
<input type="checkbox"/>	Isovue-250	_____ mL, IV, once, Routine (for 1 dose), Comments: RAD BILL ONLY
<input type="checkbox"/>	Isovue-300	_____ mL, IV, once, Routine (for 1 dose), Comments: RAD BILL ONLY
<input type="checkbox"/>	Isovue-370	_____ mL, IV, once, Routine (for 1 dose), Comments: RAD BILL ONLY
<input type="checkbox"/>	Optiray 350	80 mL, IV Push, once, Routine, (for 1 dose), Comments: RAD BILL ONLY
<input type="checkbox"/>	Optiray 320	80 mL, IV Push, once, Routine, (for 1 dose), Comments: RAD BILL ONLY
<input type="checkbox"/>	Visipaque-270	80 mL, IV Push, once, Routine, (for 1 dose), Comments: RAD BILL ONLY
<input type="checkbox"/>	Visipaque-320	80 mL, IV Push, once, Routine, (for 1 dose), Comments: RAD BILL ONLY
PEDIATRIC		
<input type="checkbox"/>	Optiray 240	_____ mL, IV Push, once, Routine, (for 1 dose), Comments: RAD BILL ONLY
<input type="checkbox"/>	Optiray 320	_____ mL, IV Push, once, Routine, (for 1 dose), Comments: RAD BILL ONLY
ORAL/RECTAL Contrast Agents		
<input type="checkbox"/>	Cystografin-Dilute	_____ mL, once, Routine, (for 1 dose), Comments: RAD BILL ONLY
<input type="checkbox"/>	Cystografin 30% injectable solution	_____ mL, once, Routine, (for 1 dose), Comments: RAD BILL ONLY
<input type="checkbox"/>	Gastrografin	_____ mL, once, Routine, (for 1 dose), Comments: RAD BILL ONLY
<input type="checkbox"/>	Sinografin	_____ mL, once, Routine, (for 1 dose), Comments: RAD BILL ONLY
<input type="checkbox"/>	barium sulfate 1.5% oral suspension	450 mL, Oral Susp, PO, once, Routine, Comments: RADIOLOGY BILLED MED
<input type="checkbox"/>	barium sulfate 2.1% oral and rectal suspension	450 mL, Oral Susp, PO, once, Routine, Comments: RADIOLOGY BILLED MED
<input type="checkbox"/>	Gastrografin	15 mL, PO, once, Dilute with 16oz of flavored water, Comments: RAD BILL ONLY
<input type="checkbox"/>	Gastrografin	30 mL, PO, N/A, Mixed with flavored water, Comments: RAD BILL ONLY
<input type="checkbox"/>	MD-Gastroview	15 mL, PO, once, Dilute with 16oz of flavored water, Comments: RAD BILL ONLY
<input type="checkbox"/>	MD-Gastroview	30 mL, PO, N/A, Mixed with flavored water, Comments: RAD BILL ONLY

Date	Time	Physician's Signature	MD Number
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