



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
- 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
- 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
- Gastrografin
120 mL, PO, N/A, Routine, (for 1 dose)
Comments: RAD BILL ONLY



Attach patient label here



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Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

