attach patient label

Physician Orders

PED Ortho Diagnostic Orders Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: _____cm Weight: _____kg

Allergies:	[ ] No known allergies

LEB Ortho Diagnostic Orders Plan		
[ ]	Humerus 2+ VW LT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Humerus 2+ VW RT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Elbow 2+VW LT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Elbow 2+VW RT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Forearm 2VW LT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Forearm 2VW RT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Femur 2VW LT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Femur 2VW RT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Knee 1/2 VW LT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Knee 1/2 VW RT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Knee 3VW LT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Knee 3VW RT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Pelvis 1/2 VW	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Pelvis & Hips Infant/Ped 2+VW	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Hips 2+VW Ea Hip Incl AP Pelvis Bil (AP & Frogleg Lat Hips)	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Hip Comp 2+VW LT (AP & Lat LT Hip)	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Hip Comp 2+VW RT (AP & Lat RT Hip)	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Tibia & Fibula 2VW LT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Tibia & Fibula 2VW RT	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Spine Scoliosis Study W Supine & Erect	T;N, Reason for Exam: Fracture, Stat, Stretcher
[ ]	Chest 1VW Frontal	T; N, Stat, Reason For Exam: _____, Portable

Date **Time** **Physician's Signature** **MD Number**