



Radiology orders

Clinical staff - for scheduling outpatient procedures, please call:

Cook Children's Medical Center and Dodson Specialty Clinics:
Phone: 682-885-4076 Fax: 682-885-3940

Cook Children's Radiology Center Hurst:
Phone: 682-885-4076 Fax: 817-605-2986

Date of service _____ Time _____ Ordering physician _____
Patient name _____ Date of birth _____
Home phone _____ Work
phone _____

Location

- Cook Children's Medical Center** – 801 7th Ave. – First floor, Radiology department, Registration 1
Phone: 682-885-4076
- Cook Children's Dodson Specialty Clinics** – 1500 Cooper St. – Lower level, Radiology, Registration 3
Phone: 682-885-2428
- Cook Children's Radiology Center** - 6316 Precinct Line, Hurst, TX 76054, Suite C
Phone: 682-885-4076 Fax: 817-605-2986

Exam(s) ordered _____

Symptoms / reason for exam / diagnosis _____

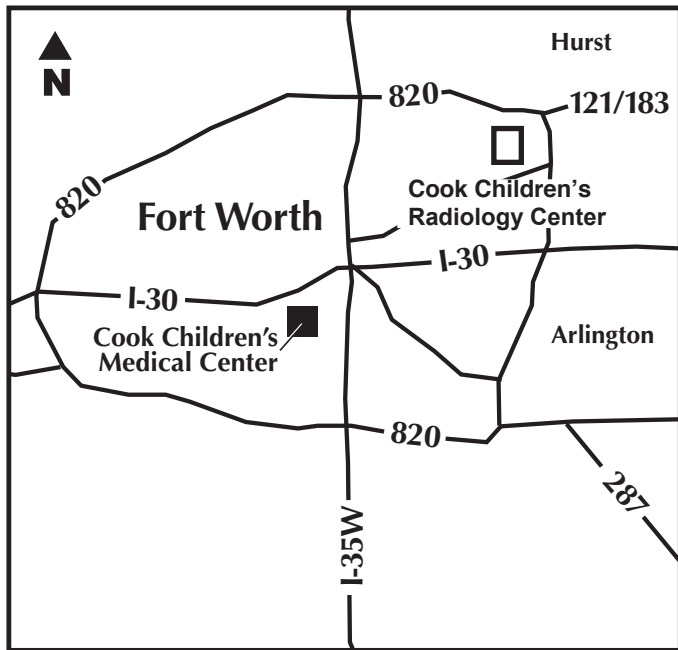
If you have any questions, please call 682-885-4076.

Instructions: <input type="checkbox"/> Call report to phone # _____ <input type="checkbox"/> Fax report to fax # _____ <input type="checkbox"/> Stat report <input type="checkbox"/> Release patient <input type="checkbox"/> Hold patient <input type="checkbox"/> Patient to return to office <input type="checkbox"/> Release patient with orders to call office <input type="checkbox"/> Release images to patient	Recent exposure to: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Communicable disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Tuberculosis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Immunizations up-to-date</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>If required, notification to: ICN MD Rad RN</p>		Yes	No	Communicable disease	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Immunizations up-to-date	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No											
Communicable disease	<input type="checkbox"/>	<input type="checkbox"/>											
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>											
Immunizations up-to-date	<input type="checkbox"/>	<input type="checkbox"/>											

Physician signature **Date**

– Present this form to the receptionist in the Radiology department –

Cook Children's Radiology



Locations

Cook Children's Medical Center
801 7th Ave.
Phone: 682-885-4076

Cook Children's Dodson Specialty Clinics
1500 Cooper St.
Phone: 682-885-2428

Cook Children's Radiology Center Hurst
Phone: 682-885-4076

Parking

Cook Children's Medical Center parking

Medical center families with a patient may receive free parking in the 7th Avenue Garage, or may valet for \$5 at the main entrance.

Dodson Specialty Clinics parking

Dodson Radiology families with a patient may receive free parking in the 7th Avenue Garage or free valet in the lower level entrance.

Family and visitor parking

Parking for additional family or visitors is available in the 7th Avenue Garage located at Pennsylvania and 7th Avenue for \$1 per hour with a \$5 maximum charge. Valet is also available for \$5.

Registration

For medical center and Dodson Specialty Clinics

Once your child is scheduled for an appointment at Cook Children's Medical Center, you may pre-register online at cookchildrens.org or by phone.

Please pre-register at least 24 hours prior to the check-in time.

Registration hours of operation

Registration 1 - medical center:
5 a.m.-7 p.m., Monday-Friday
7 a.m.-7 p.m., weekends.

Registration 3 - Dodson Specialty Clinics:
5:30 a.m.-5:30 p.m., Monday-Friday.

