Radiology exams are offered on the Johns Hopkins All Children’s Hospital main campus in St. Petersburg, FL. Some exams may also be available closer to home at one of these Johns Hopkins All Children’s Outpatient Care Center locations (see reverse side and below for availability):

Outpatient Care, Brandon
885 South Parsons Avenue | Brandon, FL 33511

Outpatient Care, East Lake
3850 Tampa Road | Palm Harbor, FL 34684

Outpatient Care, Ft. Myers
550 Colonial Blvd. | Ft. Myers, FL 33966

Outpatient Care, Lakeland
3310 Lakeland Hills Blvd. | Lakeland, FL 33805

Outpatient Care, Pasco
4443 Rowan Rd. | New Port Richey, FL 34653

Outpatient Care, Sarasota
5881 Rand Blvd. | Sarasota, FL 34238

Outpatient Care, South Tampa
202 South Church Ave. | Tampa, FL 33629

Outpatient Care, Tampa
12220 Bruce B Downs Boulevard | Tampa, FL 33612

Directions to Johns Hopkins All Children’s Hospital & Outpatient Care Center

From I-275:
- Take Exit 22 (for I-175 East).
- Turn right onto 4th Street South (where highway ends).
- Go one block to first traffic light.
- Turn right onto 6th Avenue South.

For Family/Visitor Parking Garage:
Turn left onto 5th Street South and then enter garage on the right. A walkway connects the 2nd floor of the garage to the OCC & Hospital.

For Valet Parking:
Turn right at the main entrance.

Main Campus Phone: 727-898-7451 or 1-800-456-4543

See HopkinsAllChildrens.org for directions to other buildings.

- Diagnostic Radiology exams are available at St. Petersburg, Brandon, Pasco, Sarasota, Tampa and East Lake.
- Radiology DEXA Scan exams are available only in St. Petersburg.
- Nuclear Medicine, Fluoroscopy, CT and Interventional Radiology are available only in St. Petersburg.
- Ultrasound exams are available in St. Petersburg and East Lake.
- MRI exams are available in St. Petersburg and Tampa.

For more information, visit HopkinsAllChildrens.org or email radiologyscheduling@jhmi.edu
**Johns Hopkins All Children’s Hospital**

**Department of Radiology Outpatient Order Form**

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**STEP 1: Contact Information**

Patient Name: ___________________________  D.O.B.: _______________  Appointment Time & Date: _______________

Ordering Physician: ______________________  Office Phone: _____________  Office Fax: _____________

Office Address: ___________________________

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**STEP 2: Clinical Information**

Always Complete A and D. Complete B if a relevant diagnosis is available. C is optional, but will improve test interpretation.

A. Signs/Symptoms

B. Diagnosis, if Applicable

C. Purpose of Test

D. CPT Code

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**STEP 3: Anesthesia**

☐ With Anesthesia  ☐ Without Anesthesia  ☐ Not applicable

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**STEP 4: Exam Ordered**

**Diagnostic Radiology**

(See bottom of back page)

☐ Chest 2 view  ☐ Abdomen 1 view  ☐ Abdomen 2 view  ☐ Bone Age  ☐ Extremity
  ☐ right  ☐ bilateral  ☐ left

☐ Cervical Spine  ☐ Thoracic Spine  ☐ Lumbar Spine  ☐ Pelvis  ☐ Hips  ☐ Sinuses
  ☐ 1 view  ☐ 3 view  ☐ 2 view

☐ Skull  ☐ DEXA Scan (St. Pete only)  ☐ Other

**MRI**

St. Petersburg and Tampa

☐ Angiography  ☐ Brain  ☐ Orbit  ☐ Pituitary  ☐ Cervical Spine  ☐ Thoracic Spine  ☐ Lumbar Spine  ☐ Complete Spine

☐ Chest  ☐ Abdomen  ☐ Pelvis  ☐ Extremity
  ☐ right  ☐ bilateral  ☐ left

☐ Joint Extremity  ☐ Other

☐ With IV contrast  ☐ Without IV contrast  ☐ With and Without IV contrast

**Fluoroscopy**

St. Petersburg only

☐ Esophagram  ☐ GI  ☐ GI with Small Bowel  ☐ Small Bowel  ☐ Contrast Enema  ☐ VCU  ☐ with culture

☐ IVP  ☐ OPMS  ☐ Contrast Injection  ☐ Other

**CT**

St. Petersburg only

☐ Brain  ☐ Sinus  ☐ Orbits  ☐ Facial Bones  ☐ Cervical Spine  ☐ Thoracic Spine  ☐ Lumbar Spine  ☐ Chest

☐ Chest High Resolution  ☐ Abdomen  ☐ Pelvis  ☐ Extremity
  ☐ right  ☐ bilateral  ☐ left

☐ Other

☐ with contrast  ☐ without contrast  ☐ Angiography

☐ CTA  ☐ CTV

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**Interventional Radiology**

St. Petersburg only

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**Ultrasound**

St. Petersburg and East Lake

☐ Abdomen  ☐ Appendix  ☐ Gallbladder  ☐ Pelvic  ☐ Renal  ☐ Renal w/Doppler  ☐ Renal transplant

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**Nuclear Medicine**

St. Petersburg only

☐ Bone Scan  ☐ w/Spect  ☐ HIDA Scan  ☐ w/Lasix  ☐ Thyroid Scan  ☐ 1123  ☐ Tc99

☐ PET/CT  ☐ Renal Scan DMSA  ☐ Renal Scan Mag 3  ☐ NM VC (voiding cystogram)

☐ with culture  ☐ with contrast  ☐ Lung Perfusion 2 view

☐ Other

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Please bring this form with you to your appointment. **Check in 60 minutes prior to your appointment for MRI exams or exams with anesthesia.** Must call 727-767-8497 in advance to schedule CT, MRI, Ultrasound, Nuclear Medicine, Fluoroscopy and Interventional Radiology exams. Authorization may be required per your provider.

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Physician Signature: ___________________________ Date: _______________