



<p><b>UMC Health System</b></p> <p>PEDIATRIC MRI PLAN</p>	<p>Patient Label Here</p>
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**PHYSICIAN ORDERS**

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	MRI L-Spine w/wo
	MRI Lower Extremity Joint w/ (Left)
	MRI Lower Extremity Joint w/ (Right)
	MRI Lower Extremity Joint w/o (Left)
	MRI Lower Extremity w/o (Right)
	MRI Lower Extremity w/wo (Left)
	MRI Lower Extremity w/wo (Right)
	MRI Pelvis w/
	MRI Pelvis w/o
	MRI Pelvis w/wo
	MRI T-Spine w/
	MRI T-Spine w/o
	MRI T-spine w/o + MRI L-spine w/o

TO   
  Read Back   
  Scanned Powerchart   
  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_