

## McLaren Northern Michigan X-Ray Order Form

## **NORTHERN MICHIGAN**

Settlere any chance that the patient is pregnant? Y	Patient's Name Last: First:			MI:			th	□ Male □ Fema	ıle
Please Complete/Print/Sign and Fax to Central Scheduling: Fax 231.487.7920-Tel 231.487.3100-Toll Free 866.487.3100  Reason for Exam/Signs and Symptoms:    CD-10 Code(s):	Is there any chance that the pati	ent is pregnant? Y \( \simeq \ N \( \simeq \)	☐ STAT F	READ	□ Cheboygan	☐ Petoskey	□ LTPC	☐ Gaylord	
Chest Step	Insurance Information				ient Phone		Се	ll:	
Chest 2v (PA & lat)	Please Complete/F	Print/Sign and Fax to Central	Schedulin	g: Fax	231.487.7920-Te	el 231.487.310	0-Toll Free	866.487.310	0
CHEST UPPER EXTREMITY LOWER EXTREMITY   Chest 2v (PA & lat)   Finger(s) 1 2 3 4 5 L R   Toe(s) 1 2 3 4 5 L R   Chest 2v (PA & lat)   Finger(s) 1 2 3 4 5 L R   Chest 2v (PA & lat)   Groot   Chest 2v v Aprox Laterorism   Groot v v (Apro PA)   Groot v v v v (Apro PA)   Groot v v v v v v v v v v v v v v v v v v	Reason for Exam/Sig	ns and Symptoms:							
Chest Zv (PA & lat)	ICD-10 Code(s):								
Chest 1/ V (AP or PA)	CHEST	UPPER EXTREM	ITY	L	OWER EXT	REMITY		SPINE	
Chest 1 (v /A p or PA)	☐ Chest 2v (PA & lat)	☐ Finger(s) 1 2 3 4 5	L□ R□	☐ Toe(	s) 1 2 3 4	5 <b>L R</b>			ı. 4 views
Chest 4v (PA a last woolkoused)	☐ Chest 1v (AP or PA)	☐ Hand	L□ R□	☐ Foot		L□ R			
Chest Insp & Exp w Lateral   Wrist with Scaphold View   R   R   Rhill Complete (4 views)   R   R   Cervical Comp (www.max.awa)   Rhill Skight w PA Chest   Forearm   Rhill Right w PA Chest   Elbow Survey (AP & lat)   R   Rhoe Survey (AP & lat only)   R   Information w Swimmers View   Rhill Biblisteral w PA Chest   Elbow Survey (AP & lat only)   R   Rhoe Survey (AP & lat only)   Rhill   Information w Swimmers View   Rhill Biblisteral w PA Chest   Elbow Trauma (4 views)   R   Rhoe Survey (AP & lat only)   Rhill   Information w Swimmers View   Rhill   Information   Rhill   Information   Rhill   Information   Rhill   Information   Information   Rhill   Information   Rhi	☐ Chest 2v w/ Apical Lordotic	☐ Bone Age	L□ R□	☐ Calc	aneus (Heel)	L□ R	☐ Cervic	al AP & Lat Only	(post-op)
Ribs Right w PA Chest	☐ Chest 4v (PA & lat w/obliques)	☐ Wrist	L□ R□	☐ Ankle	e Survey (2 views)	L□ R	☐ Cervic	al AP & Lat w C	Obliques
Ribs Left w PA Chest	☐ Chest Insp & Exp w Lateral	☐ Wrist with Scaphoid View	L□ R□	☐ Ankle	e Complete (4 view	s) L R	☐ Cervic	al Comp (w obl, flex	x & ext)
Ribs Bilateral w PA Chest	☐ Ribs Right w PA Chest	☐ Forearm	L□ R□	☐ Tib-F	ib	L□ R	☐ Thorac	cic w Swimmers	s View
Decubitus Chest L R   Humerus	☐ Ribs Left w PA Chest	☐ Elbow Survey (AP & lat)	L□ R□	☐ Knee	Survey (AP & lat o	only) L R	☐ Thorac	co-Lumbar Spin	ie
Sternum   Shoulder   L   R   Femur   L   R   Lumbar Min. 4 Views (Federal An Arthrogram No. 1)   Scapula   L   R   Hip Complete   L   R   Lumbar Min. 4 Views (Federal An Arthrogram No. 1)   Standard No. 1)	☐ Ribs Bilateral w PA Chest	☐ Elbow Trauma (4 views)	L□ R□	☐ Knee	e 3 Views	L□ R	☐ Lumba	ar AP & Lat Onl	y (post-op)
ABDOMEN   Scapula	☐ Decubitus Chest L☐ R☐	☐ Humerus	L□ R□	☐ Knee	Complete (4 views	s) L R		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
ABDOMEN   AP Single View (KUB)   Clavicle   L   R   Pelvis   Lumbar Complete w Obliques and Flex & Ext	☐ Sternum	☐ Shoulder	L□ R□	□ Fem	ur	L□ R	(includes		
□ AP Single View (KUB) □ Clavicle □ R □ Pelvis □ Lumbar Complete w Obliques and Flex & Ext and Flex & Ext   □ AP & Upright/Decubitus □ AC Joints □ SI Joints □ Sacrum/Coccyx □ Acute Abd w 1v Chest □ Infant Upper (Under 18 mos) □ Neck Soft Tissue AP & Lat □ VP Shunt Evaluation □ Other (Specify in free text box) □ Other (Specify in	ARDOMEN	☐ Scapula	L□ R□	☐ Hip (	Complete	L□ R	☐ Lumba	ar AP & Lat w O	bliques
Acute Abd w 1v Chest		☐ Clavicle	L□ R□	□ Pelvi	S				Obliques
Other (Specify in free text box)	☐ AP & Upright/Decubitus	☐ AC Joints		□ SI Jo	ints		☐ Sacrur	n/Coccyx	
Babygram	☐ Acute Abd w 1v Chest	☐ Infant Upper (Under 18 mos)	L□ R□	☐ Infan	t Lower (Under 18	mos) L R	☐ Neck \$	Soft Tissue AP	& Lat
Other (speedy in free text box)	☐ VP Shunt Evaluation	$\square$ Other (Specify in free text box)		☐ Othe	r (Specify in free te	xt box)	☐ Other	(Specify in free	text box)
Cystogram   Lap Band Adjustment	☐ Babygram				To be Sched	uled: Plea	se Call 2	31.487.310	)0
Skull Complete	Other (Specify in free text box)	HEAD		☐ Scoli	osis Standing		□ Leg	Length L	□ R□
instructions)    Skull Complete					ogram	☐ Lap	☐ Lap Band Adjustment		
Skull PA & Lateral	` .	☐ Skull Complete			☐ Voiding Cystogram (VCUG)			☐ Bone Survey Complete	
Facial Bones Complete   Nephrostogram   Arthrogram No CT/MRI     Mandible   Hip Injection   Chease specify medications in free text box   Barium Enema Single Contrast     Nasal Bones   Lumbar Puncture Under Fluoro   Barium Enema Air Contrast     Orbits / Pre MRI / Foreign Body   Cervical Myelogram w CT   Water Soluble Enema     Orbits Trauma   Thoracic Myelogram w CT   Enema via Colostomy     Sinuses – Waters View Only   Lumbar Myelogram w CT   Esophagram (Barium Swallow)     Sinuses Complete   Therapeutic Spinal Injection Procedure   Small Bowel Series     Other (Specify in free text box)   Information. Consultation with Radiologist recommended.     RFN (Please specify levels in free text)   Upper GI Single Contrast     TMJ X-Ray with tomography   Other (Specify in free text box)     TMJ X-Ray with tomography   Other (Specify in free text box)     Today's Date & Time:   Exam Date & Time:	,	☐ Skull PA & Lateral			☐ Hysterosalpingogram			☐ T-Tube Injection	
Mandible		☐ Skull for Pressure Valve Check		☐ IVP w Tomograms			☐ Snif	☐ Sniff Test	
Orthopantogram (Panorex)		☐ Facial Bones Complete			☐ Nephrostogram			Arthrogram No CT/MRI	
Othitopanitografii (Parlotex)		☐ Mandible			☐ Hip Injection L☐ R☐			☐ Shoulder ☐ Wrist L☐ R☐	
□ Nasal Bones       □ Lumbar Puncture Under Fluoro       □ Barium Enema Air Contrast         □ Orbits / Pre MRI / Foreign Body       □ Cervical Myelogram w CT       □ Water Soluble Enema         □ Orbits Trauma       □ Thoracic Myelogram w CT       □ Enema via Colostomy         □ Sinuses - Waters View Only       □ Lumbar Myelogram w CT       □ Esophagram (Barium Swallow)         □ Sinuses Complete       □ Therapeutic Spinal Injection Procedure       □ Small Bowel Series         □ "Free Text Box", please indicate type of injection, laterality, levels or other important clinical information. Consultation with Radiologist recommended.       □ Upper GI Air Contrast (Routine)         □ RFN (Please specify levels in free text)       □ Video Swallow         □ TMJ X-Ray with tomography       □ Other (Specify in free text box)         Form Filled out by:         Today's Date & Time:       Exam Date & Time:		☐ Orthopantogram (Panorex)	(please specify medications in free text box)			<) □ Bar	3		
Orbits / Pre MRI / Foreign Body		□ Nasal Bones			☐ Lumbar Puncture Under Fluoro				
Orbits Trauma									
Sinuses - Waters View Only  □ Sinuses Complete □ Therapeutic Spinal Injection Procedure □ Other (Specify in free text box) □ Upper GI Air Contrast (Routine) □ Upper GI Single Contrast □ RFN (Please specify levels in free text) □ Video Swallow □ TMJ X-Ray with tomography □ Other (Specify in free text box)  Form Filled out by: □ Office Phone: □ Exam Date & Time: □ Small Bowel Series □ Upper GI Air Contrast (Routine) □ Upper GI Single Contrast □ Video Swallow □ TMJ X-Ray with tomography		,		, ,			-	☐ Enema via Colostomy	
Sinuses Complete □ Therapeutic Spinal Injection Procedure □ Other (Specify in free text box) □ TMJ X-Ray with tomography □ Other (Specify in free text box) □ TMJ X-Ray with tomography □ Other (Specify in free text box) □ Other (Specify in free text box) □ TMJ X-Ray with tomography □ Other (Specify in free text box) □ TMJ X-Ray with tomography □ Other (Specify in free text box) □ TMJ X-Ray with tomography □ Other (Specify in free text box)					, ,			•	
Other (Specify in free text box)		,							
information. Consultation with Radiologist Upper GI Single Contrast    RFN (Please specify levels in free text)   Video Swallow     TMJ X-Ray with tomography   Other (Specify in free text box)    Form Filled out by:									
Form Filled out by:  Today's Date & Time:									
Today's Date & Time:  □ TMJ X-Ray with tomography □ Other (Specify in free text box) □ TMJ X-Ray with tomography □ Other (Specify in free text box) □ TMJ X-Ray with tomography □ Other (Specify in free text box) □ TMJ X-Ray with tomography □ Other (Specify in free text box) □ TMJ X-Ray with tomography □ Other (Specify in free text box)									
Form Filled out by: Office Phone: Today's Date & Time: Exam Date & Time:									
Today's Date & Time: Exam Date & Time:		l		⊔ I IVIJ	A-reay with tomogra	арпу		er (opecity in free	; lext box)
Today's Date & Time: Exam Date & Time:	Form Filled out by:			Office P	hone:				
Physician signature:(Sign after printing) MNM 721.293 - Rev: 3/19/2018				Exam D	ate & Time:				
	Physician signature:				(Sign afte	r printing)	MNM 721.;	293 - Rev: 3/19/2018	<b>i</b>