



FLINT

OUTPATIENT RADIOLOGY ORDER FORM

Appointment Date _____

Appointment Time _____

DOING WHAT'S BEST.

McLaren Imaging Center • Ph: 810.342.4800/Fax: 810.342.4839
McLaren MRI Ballenger Hwy • Ph: 810.235.9311/Fax: 810.235.9318

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Height: _____ Weight: _____

PATIENT PHONE: _____

INSURANCE: _____ PRE-AUTHORIZATION NUMBER: _____

DIAGNOSIS/REASON FOR EXAM (PLEASE INCLUDE LATERALITY; SPECIFIC SITE): _____

ORDERING PROVIDER (PRINT NAME) _____ OFFICE CONTACT _____

MRI	<input type="checkbox"/> MRI _____	CARDIAC	<input type="checkbox"/> MRI HEART W/WO	<input type="checkbox"/> CTA HEART W/WO
	<input type="checkbox"/> MRA _____		<input type="checkbox"/> MRI HEART WO	<input type="checkbox"/> CT HEART CALCIUM
	<input type="checkbox"/> MRV _____		<input type="checkbox"/> MRI HEART VELOCITY FLOW MAP	SCORING

X-RAY

X-RAY FLUOROSCOPY BARIUM SWALLOW UGI SB BE *– See Back of Order for Prep*

VIDEO ESOPH IVP VCUG CYSTOGRAM

GENERAL X-RAY, NO APPOINTMENT NEEDED

US

PELVIC (WITH TRANS VAG IF NECESSARY) TESTICLE (WITH COLOR FLOW IF NECESSARY) RENAL/KIDNEY

ABDOMEN GB/LIVER BLADDER BREAST LOCALIZATION RENAL ARTERY

PROSTATE THYROID BREAST

COLOR DOPPLER: AORTA VENOUS CAROTIDS ARTERIAL (COLORFLOW IF NECESSARY)

OTHER: _____

OB EDD LESS THAN 14 WKS MORE THAN 14 WKS LIMITED BIOPHYSICAL

CT	<input type="checkbox"/> HEAD	<input type="checkbox"/> CHEST	<input type="checkbox"/> PELVIS	<input type="checkbox"/> C-SPINE	CTA	<input type="checkbox"/> AORTA	<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> ABDOMEN/PELVIS
	<input type="checkbox"/> SOFT TISSUE NECK	<input type="checkbox"/> HIGH RES.CHEST	<input type="checkbox"/> ABD/PEL	<input type="checkbox"/> T-SPINE		<input type="checkbox"/> CAROTID/NECK	<input type="checkbox"/> HEAD	<input type="checkbox"/> EXTREMITY
	<input type="checkbox"/> SINUS	<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> RENAL STONE	<input type="checkbox"/> L-SPINE		<input type="checkbox"/> AORTA W/RUNOFF		
	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> UROGRAM	<i>– See Back of Order for Prep –</i>			<input type="checkbox"/> CHEST	<input type="checkbox"/> OTHER: _____	

NUCLEAR

3 PHASE BONE (_____) (WITH TOTAL BODY IF NECESSARY)

TOTAL BONE BODY (WITH 3 PHASE IF NECESSARY)

V/Q SCAN MUGA LEUKOCYTE SCAN / BONE MARROW

HIDA SCAN RENAL (WITH LASIX) RENAL (WITHOUT LASIX) OTHER: _____

BREAST

MAMMOGRAPHY (note: no deodorant or powder; bring previous mammogram) 2D SCREENING 3D SCREENING

DIAGNOSTIC (WITH ULTRASOUND IF NEEDED) BILATERAL LEFT RIGHT

CHECK THESE FOR DIAGNOSTIC STUDY:

LUMP, PAIN, THICKENING NIPPLE D/C ABNORMAL MAMM OTHER: _____

BONE DENSITOMETRY L-S SPINE/HIP

PROCEDURE

CYST ASPIRATION GALACTOGRAM LUMBAR PUNCTURE

BREAST BX STEREO US CORE HYSTEROSALPINGOGRAM ARTHROGRAM

MYELOGRAM NEEDLE ASP./BX PAIN MANAGEMENT

OTHER _____

TELEPHONE REPORT (Hold Patient)# _____

TELEPHONE REPORT (Release Patient)# _____

PROVIDER Signature: _____

Date: _____ Time: _____

SIGNATURE STAMPS ARE NOT VALID



Contrast will be added as necessary to optimize the diagnostic capability of the exam. Additional studies will be performed as medically necessary to optimize the diagnostic capability of the study that is being performed (e.g.: x-rays for an abnormal bone scan). Signing this form indicates your agreement of the above.



FLINT

DOING WHAT'S BEST.

- ❑ McLaren Imaging Center, 501 S Ballenger Hwy, Suite B, Flint 48532
- ❑ McLaren Flint MRI, 750 S Ballenger Hwy, Flint 48532

PATIENT INSTRUCTIONS:

Please bring your order form, photo ID, medical insurance card(s) & any previous related exams (not completed at McLaren facility) to your appointment.

EXAM PREPARATIONS:

McLAREN IMAGING CENTER:

❑ UPPER G.I. and/or SMALL BOWEL SERIES

Day before the exam:

1. Dinner meal should consist of clear liquids only, including soups, juices, plain Jell-o, and non-carbonated beverages; no milk or dairy products.
 2. Nothing to eat or drink after midnight.
- If a SMALL BOWEL SERIES has been requested, the follow-up films may require that you stay in the department an average of 2 hours, at times longer.

❑ BARIUM ENEMA

Day before the exam:

1. Clear liquids only, all day.
2. At 2 p.m., drink entire bottle of magnesium citrate (10 oz)
3. 6 p.m. take 2 oz. of castor oil or 6 capsules of Dulcolax.
4. Nothing to eat or drink after midnight.
5. 6 a.m. use one Dulcolax rectal suppository.

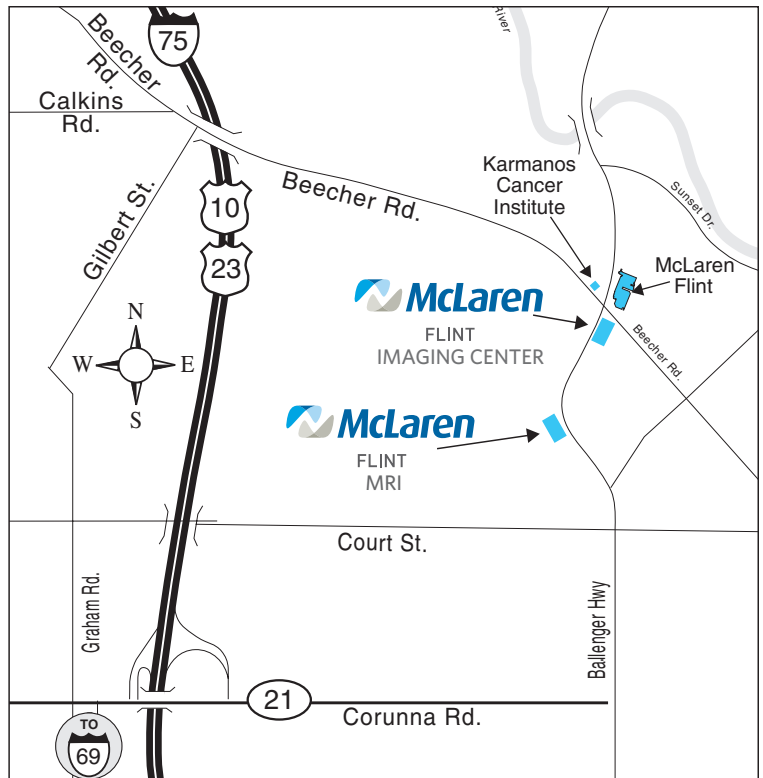
❑ INTRAVENOUS PYELOGRAM

Day before the exam:

1. 4 p.m. take 7-8 oz. Magnesium Citrate and 1 full glass of water.
2. Drink six to eight glasses of water.
3. Dinner meal should consist of clear liquids only, including soups, juices, plain Jell-o, and non-carbonated beverages; no milk or dairy products.
4. Nothing to eat or drink after midnight.

ULTRASOUND

- ❑ **Pelvis - Must finish** four to six 8 oz. glasses of fluid 1 hr. before appointment. **Do not urinate.** Your bladder **must** be very full for this exam.
- ❑ **Abdomen (Aorta, GB & Kidney)** - Nothing to eat or drink from midnight before test.
- ❑ **Prostate** - A Fleets enema 1 hour before exam. Also follow Pelvis instructions.
- ❑ **Breast, Scrotum, Thyroid** - No preparation required.



NUCLEAR MEDICINE

❑ Bone Scan

1. No barium studies two days before (CT Barium okay).
2. Drink fluids after your injection (four to six 8 oz. glasses of water).
3. Be sure to bring any films relating to the scan with you at the time of injection.

❑ Renal - No preparation required.

❑ Muga - No preparation required.

❑ HIDA Scan

1. Nothing to eat or drink four hours before.
 2. No pain medications six hours prior to scan.
- ❑ **V/Q Scan** - Bring Chest X-Ray if already done. Lung perfusion (V/Q scan)

❑ CT SCAN

Head/NECK - Increase fluids the day before test and day of test.

Body - (Chest, Abdomen, Pelvis) - Increase fluids the day before test and day of test. No solid foods 4 hours prior to the test. Some CT Scans of the Abdomen/Pelvis require overnight prep. For further instructions please call the CT Dept at 810-342-4825

McLAREN MRI:

- ❑ Leave Jewelry (watches, necklaces, bracelets, etc.) at home. Solid gold wedding bands are permissible.

PET: (located at 750 S Ballenger Hwy, Flint 48532)

- ❑ You will be contacted by PET/CT staff to go over specific instructions related to your exam.