



# ENT MEDICAL IMAGING ORDER FORM

Conf: \_\_\_\_\_

PORT HURON

*Please circle where patient will be having exam***Medical Imaging**(810) 989-3270  
Fax (810) 987-6342**MRI**(810) 989-3270  
Fax (810) 987-6342  
Screening for MRI  
810-989-1066**Women's Wellness Place**(810) 985-2663  
Fax (810) 989-3174**Yale Community Health Ctr.**(810) 387-3211  
Fax (810) 387-2279**Appropriate Use Criteria (AUC)**

Vendor: _____
AUC #: _____
Score: _____
Override Reason: _____

**Patient Name:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_**Birthdate:** \_\_\_\_\_ **Date/Time of Exam:** \_\_\_\_\_  STAT  Routine

Reason for Exam	Exam Requested
<input type="checkbox"/> R93.0 Abnormal skull x-ray <input type="checkbox"/> G51.8 Facial nerve disorder <input type="checkbox"/> H93.3X9 Acoustic nerve disorder <input type="checkbox"/> H93.19 Tinnitus <input type="checkbox"/> H91.90 Hearing loss <input type="checkbox"/> Known Dx: <input type="checkbox"/> H71.90 Cholesteatoma <input type="checkbox"/> H70.90 Mastoiditis <input type="checkbox"/> R22.0 Tumor Specify: _____	<input type="checkbox"/> 70480 CT IAC Axial & Recon Coronal without Contrast (No Prep) <input type="checkbox"/> 70481 CT IAC Axial & Recon Coronal with Contrast (Prep G, M) <input type="checkbox"/> 70553 MRI IAC (Prep Q)
<input type="checkbox"/> H47.10 Papilledema, unspecified <input type="checkbox"/> R40.0 Transient alteration of awareness <input type="checkbox"/> G45.4 Transient global amnesia <input type="checkbox"/> R55. Syncope and Collapse <input type="checkbox"/> I67.89 Acute, ill-defined cerebrovascular disease <input type="checkbox"/> G45.9 Unspecified TIA <input type="checkbox"/> R56.9 Other convulsions, seizure <input type="checkbox"/> R51. Headache <b>Requires additional information</b> Circle one: After head injury Unusual duration > 2 weeks not responding to medical therapy Sudden onset <input type="checkbox"/> G52.9 Unspecified disorder of cranial nerves <input type="checkbox"/> G35. Multiple sclerosis (known Dx.) <input type="checkbox"/> R22.0 Swelling, mass, lump in head <input type="checkbox"/> H53.10 Subjective visual disturbance <input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> 70450 CT Brain without Contrast (No Prep) <input type="checkbox"/> 70460 CT Brain with Contrast (Prep G, M) <input type="checkbox"/> 70470 CT Brain without and with Contrast (Prep G, M) <input type="checkbox"/> 70551 MRI Brain without Contrast (Prep Q) <input type="checkbox"/> 70552 MRI Brain with Contrast (Prep Q) <input type="checkbox"/> 70553 MRI Brain with and without Contrast (Prep Q)
<input type="checkbox"/> E23.3 Abnormal prolactin levels <input type="checkbox"/> E23.3 Abnormal pituitary lab levels: _____	<input type="checkbox"/> 70552 MRI Pituitary (Prep Q) <input type="checkbox"/> 70482 CT Pituitary with and without Contrast (Prep G, M)
<input type="checkbox"/> J01.90 Acute sinusitis <input type="checkbox"/> J32.9 Chronic sinusitis <input type="checkbox"/> J32.9 Chronic sinusitis, follow-up <input type="checkbox"/> S09.93XA Facial Injury	<input type="checkbox"/> 70486 CT Sinuses Coronal without Contrast (No Prep) <input type="checkbox"/> 70486 CT Facial Bones Axial & Coronal (No Prep) <input type="checkbox"/> 70487 CT Facial Bones with contrast Axial & Coronal (Prep G, M)
<input type="checkbox"/> R09.89 Carotid bruit <input type="checkbox"/> G45.9 TIA <input type="checkbox"/> I63.9 Stroke/CVA <input type="checkbox"/> R93.8 Abnormal carotid duplex US <input type="checkbox"/> R55. Syncope	<input type="checkbox"/> 93880 US Carotid Duplex/Doppler Bilateral (Prep V) <input type="checkbox"/> 93882 US Carotid Duplex/Doppler Unilateral L or R (Prep V) <input type="checkbox"/> 70547 MRA Carotid/Vertebral Arteries (Prep Q) <input type="checkbox"/> 70544 MRA Brain (Prep Q)
<input type="checkbox"/> R94.6 Abnormal thyroid labs <input type="checkbox"/> R22.1 Swelling, mass, lump in neck L R <input type="checkbox"/> E04.1 Thyroid Nodule	<input type="checkbox"/> 78006 NM Thyroid Scan (Prep B, T) <input type="checkbox"/> 78007 NM Thyroid Scan with I-123 Uptake (Prep B, T, U) <input type="checkbox"/> 76536 US Thyroid/Soft Tissue Neck/Head (No Prep) <input type="checkbox"/> 10022 Thyroid - US Guided FNA Left Right (Prep A1)
<input type="checkbox"/> R22.1 Swelling, mass, lump in neck L R <input type="checkbox"/> R05.9 Cough, unspecified <input type="checkbox"/> R13.10 Dysphagia <input type="checkbox"/> R49.0 Hoarseness <input type="checkbox"/> Other symptoms: _____	<input type="checkbox"/> 70491 CT Neck with Contrast (Prep G, M) <input type="checkbox"/> 76536 US Thyroid/Soft Tissue Neck/Head (No Prep) <input type="checkbox"/> 70390 Sialogram Specify Location: _____ (Prep G) <input type="checkbox"/> 70360 XR Neck Soft Tissue Two-View (No Prep) <input type="checkbox"/> 70540 MRI Soft Tissue Neck (Prep Q) <input type="checkbox"/> 72141 MRI Cervical Spine (Prep Q) <input type="checkbox"/> 74230 Modified Barium Swallow (No Prep) <input type="checkbox"/> 74220 Esophagram/Barium Swallow (No Prep)
<input type="checkbox"/> Z91.89 Pre MRI orbits <input type="checkbox"/> Z91.89 Pre MRI chest, previous thoracic surgery (epicardial leads) <input type="checkbox"/> Z91.89 Previous cranial surgery <input type="checkbox"/> Other symptoms: _____	<input type="checkbox"/> 70030 XR Orbits - Pre MRI (No Prep) <input type="checkbox"/> 70250 XR Skull Two View - Pre MRI (No Prep) <input type="checkbox"/> 71046 XR Chest Two View - Pre MRI (No Prep)
<input type="checkbox"/> Other symptoms: _____	<input type="checkbox"/> Other: _____

**Physician Signature:** \_\_\_\_\_  BUN  Creatinine

**McLaren Port Huron**  
**Patient Prep Instructions for Medical Imaging Exams**

- Prep A1:** 1. Nothing to eat or drink for 2 hours before procedure time.  
2. You will take all your usual medications unless you are taking **Coumadin**. Coumadin must be stopped for 5 days prior to your procedure and all lab work will be drawn the day of your procedure. Confirm with your Doctor that it is safe for you to stop taking your Coumadin for this length of time.
- Prep A:** No eating, drinking, or chewing gum 8 hours prior to exam.
- Prep B:** Patient must not be pregnant. If nursing, please contact the Nuclear Medicine Department at (810) 989-3251. No radioactivity 24 hours prior to the exam.
- Prep C:** Drink 32 ounces of any kind of fluids 1 hour prior to exam. May empty bladder if necessary. Notify ordering physician those diuretic medications that should be avoided 24 hours prior to exam for optimal results.
- Prep E:** Drink 32 ounces of any kind of fluids (no milk) one hour prior to exam. Do not urinate after drinking the fluids. (Example: If you have a 4:00 appointment, you should be finished drinking by 3:00.)
- Prep F:** May eat or drink as usual, but do not urinate 1 hour prior to the exam as the bladder is also examined.
- Prep G:** Advance screening and consent required. Please call (810) 989-3270 at least 48 hours prior to exam.
- Prep H:** Exam must be performed on or before the 10<sup>th</sup> day after onset of menstruation. Exam will not be done if patient is spotting. Abstinence or contraception is necessary for 7-10 days prior to test. Screening and consent required. Please call (810) 989-3270 at least 48 hours prior to exam.
- Prep I:** Do not wear deodorant, powder, or lotion on the breast or underarm area on the day of your appointment. Patient must not be pregnant.
- Prep J:** No barium, nuclear, or contrast enhanced studies 2 weeks prior to this exam.
- Prep K:** Nothing to eat or drink 4 hours prior to exam. Drink oral contrast solution 1 hour prior to the exam. (Obtain oral contrast from the Medical Imaging Department at McLaren Port Huron.)
- Prep L:** Drink oral contrast solution 90 minutes before exam. (Obtain oral contrast from the Medical Imaging Department at McLaren Port Huron). Nothing to eat or drink after drinking the solution. Drink another dose of oral contrast solution 30 minutes prior to the exam.
- Prep M:** Nothing to eat or drink 2 hours prior to the exam.
- Prep N:** Chest x-ray required within 18 hours of scan for comparison.
- Prep O:** Nothing to eat or drink for 2 hours prior to exam. Advance screening and consent required. Certain drugs interfere with this test (Phenothiazine derivatives, Tricyclic antidepressants, CNS stimulants, psychoactive medications). Confirm medication orders with your physician.
- Prep P:** Nothing to eat or drink for 4 hours prior to exam. Bring formula to Nuclear Medicine Department to feed patient. No radioactivity 24 hours prior to the exam.
- Prep Q:** Patient must be able to lie still for 40 minutes. Please notify the MRI Department at (810) 989-1066 if you have any of the following: Cardiac pacemaker; Neurostimulator (TENS) or other implant or electronic device; known or possible metal fragments in body; middle ear prosthesis/surgery; eye prosthesis/surgery, or permanent eye lenses/permanent eye liner
- Prep R:** Nothing to eat or drink for 6 hours prior to exam. Demerol and Morphine should be avoided 12 hours prior to exam for optimal results. Confirm medication orders with your physician.
- Prep S:** Nothing to eat or drink after 12 midnight. The drugs listed below interfere with these tests. Confirm medication orders with your physician.  
Stress Myocardial Spect: Beta Blockers and Calcium Channel Blockers  
Pharmacological Stress Myocardial Spect: Beta Blockers, Calcium Channel Blockers, Persantine, Theophylline (and products containing Theophylline such as Constant-T, Primatene, Quibron, Slo-Phylline, Theo-Dur), and inhalers used for asthma.
- Prep T:** Certain drugs interfere with this test (thyroid medications/iodinated contrast). Confirm medication orders with your physician.
- Prep U:** Nothing to eat 2 hours prior to exam and 1 hour after exam. Avoid the following for 1 week prior to exam: vitamin/mineral supplements, fish/shellfish, kelp/seaweed, cough medicines/expectorants. Certain drugs interfere with this test (PTU, Tapazole, SSKI, Lugol's solution). Confirm medication orders with your physician.
- Prep V:** No smoking after midnight. No caffeine or products that contain caffeine (i.e., Anacin, Excedrin, colas, chocolates) for 24 hours prior to exam.
- Prep W:** Use a Fleets enema 2 hours prior to the exam.
- Prep X:** Drink 32 ounces of any kind of fluids 1 hour prior to the exam. May empty bladder if necessary. No smoking after midnight. No caffeine or products that contain caffeine (i.e., Anacin, Excedrin, colas, chocolates) for 24 hours prior to exam. Certain drugs interfere with this test (Captopril, Enalapril, Lisinopril, Micardis, blood pressure medications). Confirm medication orders with your physician.