



GREATER LANSING

## Radiology Walk In Referral Form

**Central Scheduling**

Phone: (517) 975-2695  
 Fax: (517) 975-2909  
 Mon-Fri: 8 a.m. - 5 p.m.

**Main Radiology**

Phone: (517) 975-6382  
 Fax: (517) 975-6263

**Breast Care Center**

Phone: (517) 975-6425

**Nuclear Medicine Scheduling**

Phone: (517) 975-7725

**Grand Ledge Imaging**

Phone: (517) 626-3100  
 Fax: (517) 626-3105

**MMP Imaging Center**

Phone: (517) 913-3800

**MMP Nuclear Medicine Scheduling**

Phone: (517) 975-7725

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Male  Female

Primary Insurance: \_\_\_\_\_ Secondary: \_\_\_\_\_ Authorization: \_\_\_\_\_

Diagnosis/Symptoms: \_\_\_\_\_

**Route Results to (other physician)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Instructions: \_\_\_\_\_

**Walk In Exams**

**HEAD**

- Complete Sinuses
- Facial Bones
- L-R Mandible
- L-R TMJ Joints
- Nasal Bones
- Neck Soft Tissue
- Orbits
- Partial Sinuses
- Skull-Complete
- Skull-Partial

**SPINE**

- Bone Survey
- Cervical AP & Lat
- Cervical Complete
- Cervical Flex-Ext
- Entire AP & Lat
- Lumbar AP & Lat
- Lumbar Complete
- Lumbar w/ Bend
- Pelvis 1 View
- Scoliosis
- S.I. Joints
- Thoracic

**UPPER EXTREMITY**

- | Left                     | Right   |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> A.C Joint  |
| <input type="checkbox"/> | <input type="checkbox"/> Bone Age   |
| <input type="checkbox"/> | <input type="checkbox"/> Clavicle   |
| <input type="checkbox"/> | <input type="checkbox"/> Elbow  |
| <input type="checkbox"/> | <input type="checkbox"/> Finger 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , thumb |
| <input type="checkbox"/> | <input type="checkbox"/> Forearm  |
| <input type="checkbox"/> | <input type="checkbox"/> Hand   |
| <input type="checkbox"/> | <input type="checkbox"/> Humerus  |
| <input type="checkbox"/> | <input type="checkbox"/> Scapula  |
| <input type="checkbox"/> | <input type="checkbox"/> Shoulder   |
| <input type="checkbox"/> | <input type="checkbox"/> Wrist  |

**LOWER EXTREMITY**

- | Left                     | Right  |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Ankle   |
| <input type="checkbox"/> | <input type="checkbox"/> Bone Length   |
| <input type="checkbox"/> | <input type="checkbox"/> Femur   |
| <input type="checkbox"/> | <input type="checkbox"/> Foot  |
| <input type="checkbox"/> | <input type="checkbox"/> Hip   |
| <input type="checkbox"/> | <input type="checkbox"/> Knee  |
| <input type="checkbox"/> | <input type="checkbox"/> Os Calcis   |
| <input type="checkbox"/> | <input type="checkbox"/> Tib/Fib   |
| <input type="checkbox"/> | <input type="checkbox"/> Toes<br>Great, 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , little |

**CHEST**

- Chest, PA & Lat
- Ribs Bilat w/ chest
- Ribs L or R w/ PA Chest

**ABDOMEN**

- Abdomen AP (kub)
- Abdomen multi/view w/ PA Chest

Ordering Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Ordering Physician (PRINT): \_\_\_\_\_

Via (office Staff): \_\_\_\_\_

Corresponding visit ID Number: \_\_\_\_\_

*\*The above named ordering physician hereby authorizes this electronic signature for this exam as evidenced by their physical signature contained in the above referenced visit ID number.*

*\*The above named ordering physician understands all forms sent containing PHI must be encrypted and the burden of encryption falls on the sender.*



# Radiology Locations



**1-MCLAREN GREATER LANSING**

401 W. Greenlawn Ave.  
 Lansing, MI 48910  
 Phone: (517) 975-6382  
 Fax: (517) 975-6263

**2-MCLAREN ORTHOPEDIC HOSPITAL**

2727 S. Pennsylvania Ave.  
 Lansing, MI 48910  
 Phone: (517) 975-7000  
 Fax: (517) 975-7013

**3-GRAND LEDGE HEALTH CENTER**

1035 Charlevoix Dr.  
 Grand Ledge, MI 48837  
 Phone: (517) 626-3100  
 Fax: (517) 626-3105

**4-MMP IMAGING CENTER**

1540 Lake Lansing Rd. Ste 107  
 Lansing, MI 48912  
 Phone: (517) 913-3800

