

PLEASE REPORT DIRECTLY TO THE DIAGNOSTIC IMAGING RECEPTION AREA FOR YOUR TESTING.



CENTRAL MICHIGAN

DIAGNOSTIC TESTING

BRING THESE ORDERS WITH YOU

Call Central Scheduling
for Appointment - (989) 772-6878
Fax Orders to - (989) 953-5154

PATIENT NAME (LAST NAME FIRST)	DATE OF BIRTH	SS#	DATE OF SERVICE	TIME OF APPT.	M/F
ORDERING PHYSICIAN					
SIGNS / SYMPTOMS / DIAGNOSIS (A diagnosis must be included for each test ordered)					
IV CONTRAST WILL BE GIVEN PER STANDARD OF CARE UNLESS OTHERWISE NOTED			Do not give IV Contrast		
EXAMS PRINTED IN RED REQUIRE PREPARATIONS, SEE BACK FOR DETAILS					
Radiology	Urinary Tract	Dexametry	Nuclear Medicine		
Abdomen	Urethrocytography, Voiding	Bone Mineral Density	Bone Scan		
Abdomen, 2 View		Mammography	Single Area		
w/PA Chest		Diagnostic (R) (L) (Bil)	Three Phase,		
KUB, 1 View	Spine and Pelvis	Screening	Extremity (Up) (Low) (R) (L)		
Chest	Pelvis	Date of Last Mammogram:	Total Body		
Chest, 2 View	Sacroiliac Joints		Bone SPECT		
1 View	Sacrum and Coccyx		Gastric Emptying		
w/Apical Lordotic	Scoliosis, Thoracolumbar		Hepatobiliary Scan Only		
Special Views:	Spine, Cervical	Computed Tomography	w/Ejection Fraction		
Specify	w/Flex and Extension	w/o IV Contrast	Myocardial Perfusion		
Ribs w/PA Chest (R) (L) (Bil)	Spine, Lumbar	w/IV Contrast	Scan (Cardiolite)		
Ribs Only (R) (L) (Bil)	w/Flex and Extension	w/ & w/o IV Contrast	Treadmill/Lexiscan		
Sternum	Spine, Thoracic	Oral Contrast	MUGA		
Extremities, Lower	Myelography	Brain	Renal Scan		
Ankle (R) (L)	Cervical	Facial	Thyroid Uptake and Scan		
Arthrography (R) (L) (CT) (MRI)	Lumbosacral	Sinus	V/Q Scan (Lung Perf. Vent)		
Calcaneus (Heel) (R) (L)	Thoracic	IAC/Sella/Mastoids	Other:		
Femur (R) (L) Includes Hip	Miscellaneous Radiology	Neck/Soft Tissue	MRI		
Foot (R) (L)	Bone Age Studies	Chest High Resolution	w/wo Contrast		
Hip (R) (L) (Bil) Includes Pelvis	Bone Survey	Chest & Abdomen	w/o Contrast		
Arthrography (R) (L) (CT) (MRI)	Child Trauma	Chest & Abdomen & Pelvis	Abdomen		
Knee (R) (L) (Bil)	Metastases	Extremity Lower (R) (L)	Liver		
Standing (AP Bilat View)	Metastases	Extremity Upper (R) (L)	Kidney		
Arthrography (R) (L) (CT) (MRI)	Nose to Rectum	Abdomen w & w/o Contrast	MRCP		
Leg Length Study	R.O. Foreign Body	(Pancreatic protocol)	Pancreas		
Lower Extremity (R) (L)	Ultrasound	Abdomen w & w/o Contrast	Gall bladder		
Infant < 1 Year Only	Abdominal	(Adrenal protocol)	Brain		
Tibia & Fibula (R) (L)	Abdomen Complete	Abdomen w & w/o Contrast	IAC		
Toe(s) (R) (L) Digit	Abdomen Limited (RUQ)	(Renal protocol)	Pituitary		
Extremities, Upper	Special Attention:	Abdomen w & w/o Contrast	Face		
AC Joints, Bilateral	Retroperitoneal Aorta Ltd	(Liver protocol)	Orbits		
Clavicle (R) (L)	Retroperitoneal Complete	Abdomen & Pelvis w Contrast	Breast		
Elbow (R) (L)	(Kidneys and Bladder)	Kidney Stone Protocol	Extremity, Lower (R) (L)		
Finger (R) (L)	w/Post Void Bladder	Urogram w & w/o IV Contrast	Specify Area:		
Specify Digit	w/Renal Arteries	NO ORAL	Extremity, Upper (R) (L)		
Forearm (R) (L)	Pelvic	Pelvis	Specify Area:		
Hand (R) (L)	Pelvis Complete	Pelvis Body (For Fx)	Neck/Soft Tissue		
Humerus (R) (L)	w/Transvag	Spine	Pelvis		
Scapula (R) (L)	w/o Transvag	Cervical	Specify Area:		
Shoulder (R) (L)	Male	Lumbar	Spine		
Arthrography (R) (L) (CT) (MRI)	Transvaginal Non-OB	Thoracic	Cervical		
Upper Extremity (R) (L)	Obstetric	Other:	Lumbar		
Infant < 1 Year Only	OB less than 14 weeks	CT Angiography	Thoracic		
Wrist (R) (L)	w/Transvag (if Needed)	Abdomen	TMJ		
Arthrography (R) (L) (CT) (MRI)	w/o Transvag	Renal Arteries	ORBIT X-Rays for MRI		
Gastrointestinal	OB Greater than 14 weeks (Anatomy)	Femoral Runoff	Clearance		
Barium Enema	OB follow Up	Abdomen and Pelvis	Other		
w/Air	OB Limited	Aorta Angiography	MR Angiography		
Esophagus Barium Swallow	OB Transvaginal	Specify Area:	MRA Head (W/O Only)		
Video Swallow w/Therapist	Vascular	Carotid	MRA Neck		
Post-Op Cholangio (T-Tube)	Venous Doppler	Circle of Willis	MRA Runoff		
Small Bowel	Lower Extremity (R) (L) (Bil)	Chest	MRA		
Upper GI	Upper Extremity (R) (L) (Bil)	Pulmonary Embolism (PE)	Mesenteric		
w/Esophagus	Venous insufficiency/Reflux	Extremity, Lower (R) (L)	Renal		
w/Small Bowel	Arterial Doppler	Subclavian Steel (R) (L) (Bil)	Common Lab Tests		
Gynecological/Obstetrical	Lower Extremity (R) (L) (Bil)		BUN, CR		
Hysterosalpingography	Carotid Duplex Bilateral		Pregnancy Test (Urine)		
Head and Neck	Breast				
Facial Bones	Breast Complete (R) (L) (Bil)				
Mandible	Breast Limited (R) (L) (Bil)				
Nasal Bones	Axilla (R) (L) (Bil)				
Neck, Soft Tissue	Miscellaneous Ultrasound				
Orbits/Orbits FB MRI	Head/Neck Soft Tissue				
Sinuses	Thyroid				
Skull	Lump				
	Scrotum (Contents) w/Doppler				
	Extremity Non-Vascular				
	Chest				

PREP INSTRUCTIONS

PLEASE BRING THIS FORM WITH YOU ON THE DAY OF YOUR APPOINTMENT. RESULTS WILL BE REPORTED TO YOUR PHYSICIAN

Please arrive 15 minutes prior to your scheduled appointment unless otherwise indicated for registration.

Mammogram patients enter the hospital at the West Entrance, all others enter at the East Entrance.

To reschedule or cancel your appointment please call Central Scheduling at **1-800-625-2736**

Contrast or iodine allergy patients: Please consult your physician for any specific instructions.

DIABETIC PATIENTS: Please consult your physician for any specific instructions.

CT ANGIOGRAPHY PROCEDURES

CT Angiography: Nothing to eat or drink for 2 hours prior to examination

CT PROCEDURES

Abdomen CT: Nothing to eat or drink 4 hours prior to examination. Arrive 30 minutes early to drink contrast.

Brain CT: Nothing to eat or drink for 2 hours prior to examination.

Chest CT: Nothing to eat or drink for 2 hours prior to examination.

Chest/Abdomen CT: Nothing to eat or drink for 4 hours prior to examination. Arrive 30 minutes early to drink contrast.

Chest/Abdomen/Pelvis or Abdomen/Pelvis CT: Nothing to eat or drink 4 hours prior to examination. Arrive 2 hours early to drink contrast.

Pelvis CT: Nothing to eat or drink 4 hours prior to examination. Arrive 2 hours prior to drink contrast.

Neck/Soft Tissue CT: Nothing to eat or drink 2 hours prior to examination.

MAMMOGRAPHY PROCEDURES

Mammogram: No deodorant or talc powders.

Bone Density Dexa: Do not take Calcium Supplements the day of your examination. You may take Fosamax.

MRI PROCEDURES (ALL MRI PATIENTS NEED TO CHECK-IN 30 MINUTES PRIOR TO THEIR EXAMINATION)

All MRI Abdomine and MRI Pelvis Exams: Nothing to eat or drink for 5 hours prior to the examination.

NUCLEAR MEDICINE PROCEDURES

Cardiolite Stress Test: No Caffeine or Nicotine products 12 hours prior. Nothing to eat or drink 4 hours prior, may have small sips of water. Wear comfortable clothes.

Gastric Emptying: Nothing to eat or drink 8 hours prior to examination.

Hepatobiliary Scan (HIDA): Nothing to eat or drink 4 hours prior to examination. No pain meds 6 hours prior.

Renal Scan: Drink 20 ounces of water 2 hours prior to examination

Thyroid Uptake and Scan: Consult the Nuclear Medicine Department for detailed instructions.

PET/CT PROCEDURES

INSTRUCTIONS FOR PET/CT SCANS ARE GIVEN OUT BY THE PET DEPARTMENT AT THE TIME OF SCHEDULING.

RADIOLOGY PROCEDURES

Barium Enema: Follow prep per Doctor's instructions.

Small Bowel: Nothing to eat or drink 8 hours prior to examination. Pediatric instructions given by the Pediatrician.

Upper GI: Nothing to eat or drink 8 hours prior to examination. Pediatric instructions given by the Pediatrician.

ULTRASOUND PROCEDURES

Abdomen US: Nothing to eat or drink for 8 hours prior to examination.

Aorta US: Nothing to eat or drink for 12 hours prior to examination. 1 Gas-X Tablet the night before, and 1 Gas-X Tablet the morning of the exam.

Kidney US: Do not empty bladder 1 hour prior to examination

Pelvis US: Have 32 oz. of water finished 1 hour prior to examination. **DO NOT** empty bladder until after exam. **MUST** come to the hospital with full bladder.

Pregnancy US: Drink 32 ounces of water 1 hours prior to examination. **DO NOT** empty bladder until after exam. **MUST** come to the hospital with full bladder.

Prostate US: Fleet enema the night before examination, and Fleet enema the morning of the examination. Enema must be complete a minimum of 2 hours prior to examination.

Renal Artery US: Nothing to eat to drink 12 hours prior to examination. Day before exam, no beans, corn or leafy vegetables. Limit dairy and carbonated beverage consumption. Take 1 Gas-X tablet with every meal.