

**Medical Imaging**  
(810) 989-3270  
Fax (810) 987-6342

**MRI**  
(810) 989-3270  
Fax (810) 987-6342  
MRI Screening  
810-989-1066

**Women's Wellness Place**  
(810) 985-2663  
Fax (810) 989-3174

<b>Appropriate Use Criteria (AUC)</b>	
Vendor: _____	
AUC #: _____	
Score: _____	
Override Reason: _____	

**Patient Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

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

**Patient History:** Chemo Dates: \_\_\_\_\_ Radiation Treatment Dates: \_\_\_\_\_

**Known Neoplasm:** Breast/Lung/Colon/Renal/Leukemia/Lymphoma/Other: \_\_\_\_\_

**Known Metastasis to:** Bone/Liver/Brain/Lung/Other: \_\_\_\_\_

**Compared to:** Mammo/CT/MRI/Nuclear Med/US at MPH, Lake Huron, or RDH **Date of Previous Films:** \_\_\_\_\_ *Please send/bring previous films*

Reason for Exam		Exam Requested	
<input type="checkbox"/> Z03.89 Observation for suspected Mets Know cancer diagnosis Please circle:	Lung Colon Lymphoma Breast Renal Liver		
<input type="checkbox"/> Z78.0 Post-menopausal without HRT	<input type="checkbox"/> 77080 Bone Density (Prep J)		
<input type="checkbox"/> N95.1 Post-menopausal symptoms			
<input type="checkbox"/> R40.4 Transient alteration of awareness	<input type="checkbox"/> 70450 CT Brain without Contrast (No Prep)		
<input type="checkbox"/> G51.9 Facial nerve disorder (facial numbness/weakness)	<input type="checkbox"/> 70470 CT Brain without and with Contrast (Prep G, M)		
<input type="checkbox"/> H53.10 Subjective visual disturbance	<input type="checkbox"/> 70551 MRI Brain without Contrast (Prep Q)		
<input type="checkbox"/> R56.9 Other convulsions, seizure	<input type="checkbox"/> 70553 MRI Brain with and without Contrast (Prep Q)		
<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"/> 70491 CT Neck with Contrast (Prep G, M)		
<input type="checkbox"/> R22.0 Swelling, mass, lump in head or neck Specify: _____	<input type="checkbox"/> 70540 MRI Neck with Contrast (Prep Q)		
<input type="checkbox"/> R94.6 Abnormal thyroid labs	<input type="checkbox"/> 70540 MRI Orbits (Prep Q)		
<input type="checkbox"/> R22.0 Swelling, mass lump in head or neck L R	<input type="checkbox"/> 78013 NM Thyroid Scan (Prep B, T)		
	<input type="checkbox"/> 78014 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"/> R07.9 Chest pain	<input type="checkbox"/> 71046 XR Chest Two Views (No Prep)		
<input type="checkbox"/> R05.9 Cough, unspecified	<input type="checkbox"/> 71045 XR Chest One View (No Prep)		
<input type="checkbox"/> R06.02 Shortness of breath	<input type="checkbox"/> 71047 XR Chest Special Views Specify: _____ (No Prep)		
<input type="checkbox"/> R06.4 Respiratory distress/Breathing difficulty	<input type="checkbox"/> 71101 XR Ribs Unilateral L R (No Prep)		
<input type="checkbox"/> R22.2 Chest mass, lump	<input type="checkbox"/> 71250 CT Chest without Contrast (no IV contrast given) (No Prep)		
<input type="checkbox"/> R91.8 Previous abnormal exam, lung fields	<input type="checkbox"/> 71260 CT Chest with Contrast (Prep G, M)		
<input type="checkbox"/> R68.89 Abnormal clinical finding Specify: _____	<input type="checkbox"/> 71275 CTA Chest with Contrast (PE Protocol) (Prep G, M)		
<input type="checkbox"/> R04.2 Hemoptysis			
<input type="checkbox"/> R14.0 Abdominal distention	<input type="checkbox"/> 74021 XR Abdomen Multiple Views (No Prep)		
<input type="checkbox"/> R10. Abdominal pain <b>Circle:</b> Generalized (R10.84), RUQ (R10.11), LUQ (R10.12), RLQ (R10.31), LLQ (R10.32), Epi (R10.13)	<input type="checkbox"/> 74018 XR Abdomen Single View (No Prep)		
<input type="checkbox"/> R10.9 Abdominal/Pelvic pain	<input type="checkbox"/> 74177 CT Abdomen/Pelvis with Contrast (Prep G, L)		
<input type="checkbox"/> R68.89 Abnormal physical exam Specify: _____	<input type="checkbox"/> 74176 CT Abd/Pelvis w/o Contrast (oral only) (Prep L)		
<input type="checkbox"/> R11.0 Nausea	<input type="checkbox"/> 74160 CT Abdomen with Contrast (Prep G, K)		
<input type="checkbox"/> R11.10 Vomiting	<input type="checkbox"/> 74150 CT Abdomen w/o IV Contrast (oral contrast only) (Prep L)		
<input type="checkbox"/> R11.2 Nausea & Vomiting	<input type="checkbox"/> 74150 CT Abdomen w/o IV Contrast (no oral contrast) (No Prep)		
<input type="checkbox"/> R19.5 Positive hemoccult	<input type="checkbox"/> 72192 CT Pelvis w/o IV Contrast (oral contrast only) (Prep L)		
<input type="checkbox"/> R19.4 Change in bowel habits	<input type="checkbox"/> 72192 CT Pelvis w/o IV Contrast (no oral contrast) (No Prep)		
	<input type="checkbox"/> 72193 CT Pelvis with Contrast (Prep G, L)		
	<input type="checkbox"/> 74280 Barium Enema with Air (Requires Prescription) (Prep D)		
<input type="checkbox"/> R19.00 Abdominal/pelvic mass Location: _____	<input type="checkbox"/> 76856/93976 US Pelvis Complete W/Doppler (Prep E)		
<input type="checkbox"/> R17. Jaundice	<input type="checkbox"/> 76830/93976 US Transvaginal Non Preg. (No Prep)		
<input type="checkbox"/> R94.5 Abnormal Liver Function Test	<input type="checkbox"/> 76705 US Abdomen - Single Organ _____ (Prep A)		
<input type="checkbox"/> R94.8 Abnormal Pancreas Function Test	<input type="checkbox"/> 76700 US Abdomen - 2 or > Organs _____ (Prep A)		
<input type="checkbox"/> R94.4 Abnormal Renal Function test	<input type="checkbox"/> 74181 MRI Abdomen (liver) no contrast (Prep Q)		
<input type="checkbox"/> M79.662 Pain in Left Lower Limb <input type="checkbox"/> M79.661 Pain in Right Lower Limb	<input type="checkbox"/> 93970 US Venous Duplex/Doppler Bilateral (No Prep)		
<input type="checkbox"/> M79.622 Pain in Left Upper Limb <input type="checkbox"/> M79.621 Pain in Right Upper Limb	<input type="checkbox"/> 93971 US Venous Duplex/Doppler Unilateral (No Prep)		
<input type="checkbox"/> R22.42 Swelling of Left Lower Limb <input type="checkbox"/> R22.41 Swelling of Right Lower Limb	<input type="checkbox"/> 93971 US Venous Duplex/Doppler Unilateral (No Prep)		
<input type="checkbox"/> R22.32 Swelling of Left Upper Limb <input type="checkbox"/> R22.31 Swelling of Right Upper Limb	<input type="checkbox"/> 93971 US Venous Duplex/Doppler Unilateral (No Prep)		
<input type="checkbox"/> L03.90 Cellulitis/Abscess	<input type="checkbox"/> 78300 NM Bone Scan Limited Specify _____ (Prep B)		
<input type="checkbox"/> B99.9 Infection	<input type="checkbox"/> 78306 NM Bone Scan Whole Body (Prep B)		
	<input type="checkbox"/> 78315 NM Three Phase Bone Scan (Prep B)		
<input type="checkbox"/> Z79.88 Exposure to chemotherapy medication Specify: _____	<input type="checkbox"/> 78472 NM MUGA Resting (Prep B)		
<input type="checkbox"/> M54.0 Low back pain unspecified	<input type="checkbox"/> 72156 MRI Cervical Spine with and without Contrast (Prep Q)		
<input type="checkbox"/> M54.2 Cervicalgia (C-spine pain)	<input type="checkbox"/> 72157 MRI Thoracic Spine with and without Contrast (Prep Q)		
<input type="checkbox"/> M54.6 Thoracic spine pain	<input type="checkbox"/> 72158 MRI Lumbar Spine with and without Contrast (Prep Q)		
<input type="checkbox"/> M54.30 Sciatica			
<input type="checkbox"/> R93.7 Bony abnormality on plain films			
<input type="checkbox"/> R94.8 Abnormal bone scan	<input type="checkbox"/> X-Ray Specify: _____		
<input type="checkbox"/> Pain Specify: _____			
<input type="checkbox"/> Other symptoms: _____	<input type="checkbox"/> Other: _____		

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