

Urology Medical Imaging Order Form

CONF_

Medical Imaging (810) 989-3270 Fax (810) 987-6342					n's Wellness Place			Appropriate Use Criteria (AUC)			
			(810) 989-3270 Ear (810) 087 6242		(810) 985-2663 Fax (810) 989-3174			Vendor:AUC #:			
гах	(810) 987-0		Fax (810) 987-6342 MRI Screening	Fax (81	10) 98	9-3174		AUC #:			
			810-989-1066								
								Score:			
Patient Name: Birthdate			e:			Override Reason:					
Allergies: Date/Tim			e of Exam: STAT Routine			Routine					
-		~ .									
		: Chemo Dates:	/Colon/Banal/Laukami	/I umphomo	_ R	adiation 1	l'reatment Da	tes:			
	Xnown Neoplasm: Breast/Lung/Colon/Renal/Leukemia/Lymphoma/Other: Xnown Metastasis to: Bone/Liver/Brain/Lung/Other:										
Con	Compared to: Mammo/CT/MRI/Nuclear Med/US at MPH, Lake Huron, or RDH Date of Previous Exam:Please send/bring previous CD										
_											
Reason for Exam R19.00 Abdominal/Pelvis Mass						Exam Requested – See Prep on Back 74019 XR Abdomen Multiple Views (No Prep)					
H	C67.9	Bladder CA	15 141855			71046	XR Chest 7	•	(No Prep)		
\square	C64	Renal CA				74018	XR KUB		(No Prep)		
	C64.2	Renal CA - Left	t			74400			office prep sheet)		
	C64.1	Renal CA - Rig	ht			74455		e	scopy) (Prep G)		
	C61	Prostate CA					Other:				
	C62	Testis CA	_								
	D41.01	Renal Mass Rig	ht			76705	US Abdom	nen - Single Organ	(Prep A)		
	D41.02	Danal Mass Laf	2			76856	US Dalvia (Complete	(Duon E)		
	D41.02 D49.4	Renal Mass Lef Bladder Mass	l			76770	US Pelvis (-	(Prep E)		
			Others				-	s and Bladder	(Prep E)		
H	D49.59 R10.9	Mass GU Organ	n: Other n Circle: General (R1			76870 93975	US Testes/	or pain/mass	(No Prep)		
	K10.9		LUQ (R10.12), RLQ (76872	US Prostate		(Prep W)		
				K 10.31)		10012			(Ttep W)		
	N23	LLQ (R10.32), Renal Colic	Ері (К10.15)				Ouler				
						20201					
	R10.9	Flank Pain	Left Right			78306		Scan Whole Body	(Prep B)		
H	R31.0 R31.1	Gross Hematuri Micro Hematur				78709 78708	NM Captar NM Lasix 1	pril Renogram Renogram	(Prep B, X) (Prep B, C)		
H	N20.0	Calculus of Kid				78708	NM Renal		(Prep B, C)		
	N20.1	Calculus of Ure				74185		al Arteries wo/with Contrast	(Prep Q)		
	N20.9	Urinary Calculu	-			/ 1100			(inp Q)		
H	R93.41		ings on Diagnostic Ima	ging of							
			reter, or Bladder	88		74160	CT Abdom	en with IV & Oral Contrast	(Prep G, K)		
	R97.20	Elevated PSA				74150	CT Abdom	en without IV Contrast Oral Only	(Prep K)		
	N40.1	BPH with Obstr				74150		nen without IV & Oral Contrast	(No Prep)		
	N42.9		ical Prostate Exam			74170	CT Abdom	nen wo/with Contrast (renal mass protoco	ol) (Prep G, K)		
	N40.3		e with Lower Urinary T	ract		70100					
	N40.2	Symptoms Prostate Nodule	e without Lower Urinar	w Tract		72193		with IV & Oral Contrast	(Prep G, L)		
	N40.2	Symptoms	e without Lower Orman	y Tract		72192 72192		without IV Contrast, Oral Only without IV & Oral Contrast	(Prep L) (No Prep)		
	N39.9	UTI				72192		wo/with Contrast	(Prep G, L)		
	N28.1	Renal Cyst					0110110		(110) 0, 2)		
\Box	N13.30	Hydronephrosis	Left	Right		74176	CT Abd/Pe	elvis w/o Contrast (kidney stone protocol) (No Prep)		
\Box	N13.2			Right		74177		nen/Pelvis with IV & Oral Contrast	(Prep G, L)		
	N50.89	Scrotal Swelling	g or Pain			74178	CT Abdom	nen/Pelvis wo/with Contrast	(Prep G, L)		
Ц	R07.9	Chest Pain									
님	R06.02	Shortness of Br				71260		with IV Contrast	(Prep G, M) $(P = G, K)$		
		Other Sympton	ns:			74178	-	m without/with Contrast	(Prep G, K)		
							Ouler				
						74181	MRI Abdo	men without Contrast	(Prep Q)		
						74183		men wo/with Contrast	(Prep Q)		
						72197	MRI Prosta	ate wo/with Contrast (Prep I,Q U	Use Prep Sheet)		
					72197		s wo/with Contrast	(Prep Q)			
							Other:				
D1-	Physician Printed: Glenn Betrus, M.D. Thomas Coury, M.D. Haider Rahbar, M.D.										
Physician Printed: Glenn Betrus, M.D. Thomas Coury, M.D. Haider Rahbar, M.D.											
Phy	sician Sig						Date:				
	BUN and CREATININE (if warranted)										

	Prep A:	No eating, drinking, or chewing gum 8 hours prior to exam.
Н	Prep B:	Patient must not be pregnant. If nursing, please contact the Nuclear Medicine Department at (810) 989-3251.
	110p 21	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 should be avoided 24 hours prior to exam for optimal results.
	Prep D:	1. On the day before the exam, follow a <u>clear</u> liquid diet.
		2. Start the NuLYTELY Bowel prep kit (obtained from pharmacy with prescription from physician) at the times
	*SUPREP	listed below (not by box instructions).
	oowel prep kit is not	3. At 3:00 p.m., swallow both Bisacodyl tablets with water. Do not chew or crush tablets or take them within one Hour of taking an antacid.
	recommended	4. At 5:30 pm, mix the NuLYTELY solution as per the directions on the bottle. Drink 1 (8 oz) glass every 10
1	for this exam*	Minutes. Drink each glass quickly rather than drinking small amounts continuously. Be sure
		to drink all the solution.
		5. Nothing to eat or drink after midnight. (NOTE: Exam should be done at least 5 days before an Upper GI.)
	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.)
Ц	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 the exam.
	Duon U.	Exam must be performed on or before the 10 th day after onset of menstruation. Exam will not done if patient is spotting. Abstinence or contraception is necessary for 7-10 days prior to the test. Screening and consent
	Prep H:	required. Please call (810) 989-3270 at least 48 hours prior to the exam.
	Prep I:	Nothing to eat 12 hours before scheduled time of exam. No dairy or carbonated drinks, Clear liquids are fine.
		You will need to take a GAS-X pill the night before the exam and one pill the morning of the exam.
		(These are available over the counter at any pharmacy).
	Prep J:	No barium, nuclear, or contrast enhanced studies 2 weeks prior to this exam.
	Prep K:	Nothing to eat or drink 2 hours prior to exam. Arrive 30 minutes early to drink oral contrast solution.
		(You may need to arrive an hour early if labs are needed.) Notify staff if you are allergic to iodine.
	Prep L:	Nothing to eat or drink 2 hours prior to exam. Arrive 90 minutes early to drink oral contrast solution.
	Prep M:	Notify staff if you are allergic to iodine. Nothing to eat or drink 2 hours prior to the exam.
H	Prep N:	Chest x-ray required within 18 hours of scan for comparison.
H	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.
		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
	F	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
		<u>Pharmacological Stress Myocardial Spect</u> : 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
	1100 11	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, Lugols solution). Confirm medication orders
		with your physician.
\square	Prep V:	No smoking after midnight. No caffeine or products that contain caffeine (i.e., Anacin, Excedrin, colas, chocolates)
	Dron W.	for 24 hours prior to exam.
H	Prep W: Prep X:	Use a Fleets enema 2 hours prior to the exam. Drink 32 ounces of any kind of fluids 1 hour prior to the exam. May empty bladder if necessary.
	ттер л.	No smoking after midnight. No caffeine or products that contain caffeine (i.e., Anacin, Excedrin, colas, chocolates)
	derfrm/prep	for 24 hours prior to exam. Certain drugs interfere with this test (Captopril, Enalapril, Lisinopril, Micardis,
srev Rev. 11/23		blood pressure medications). Confirm medication orders with your physician.

McLaren Port Huron Patient Prep Instructions for Medical Imaging Exams

11/23