McLaren FLINT

DOING WHAT'S BEST.

OUTPATIENT RADIOLOGY ORDER FORM

Appointment Date _____

Appointment Time _____

McLaren Imaging Center • Ph: 810.342.4800/Fax: 810.342.4839
McLaren MRI Ballenger Hwy • Ph: 810.235.9311/Fax: 810.235.9318
McLaren Fenton Imaging Services • Ph: 810.496.2430/Fax: 810.629.2582

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Height: _____ Weight: _____

PATIENT PHONE: _____

INSURANCE: _____ PRE-AUTHORIZTION NUMBER: _____

DIAGNOSIS/REASON FOR EXAM (PLEASE INCLUDE LATERALITY; SPECIFIC SITE): _____

_____

ORDERING PROVIDER (PRINT NAME) _____ OFFICE CONTACT_____

MRI

❑ MRI _____
❑ MRA _____
❑ MRV_____

CARDIAC

❑ MRI HEART W/WO
❑ MRI HEART WO
❑ MRI HEART VELOCITY FLOW MAP
❑ CTA HEART W/WO
❑ CT HEART CALCIUM SCORING

X-RAY

X-RAY _____

FLUOROSCOPY ❑ BARIUM SWALLOW ❑ UGI ❑ SB ❑ BE
❑ VIDEO ESOPH ❑ IVP ❑ VCUG ❑ CYSTOGRAM

– See Back of Order for Prep

GENERAL X-RAY, NO APPOINTMENT NEEDED

US

❑ PELVIC (WITH TRANS VAG IF NECESSARY) ❑ TESTICLE (WITH COLOR FLOW IF NECESSARY) ❑ RENAL/KIDNEY
❑ ABDOMEN ❑ GB/LIVER ❑ BLADDER ❑ BREAST LOCALIZATION ❑ RENAL ARTERY
❑ PROSTATE ❑ THYROID ❑ BREAST
COLOR DOPPLER: ❑ AORTA ❑ VENOUS ❑ CAROTIDS ❑ ARTERIAL (COLORFLOW IF NECESSARY)
❑ EXTREMITY / MSK _____ ❑ OTHER: _____
OB ❑ EDD ❑ LESS THAN 14 WKS ❑ MORE THAN 14 WKS ❑ LIMITED ❑ BIOPHYSICAL

CT

CT
❑ HEAD ❑ CHEST ❑ PELVIS ❑ C-SPINE
❑ SOFT TISSUE NECK ❑ HIGH RES.CHEST ❑ ABD/PEL ❑ T-SPINE
❑ SINUS ❑ ABDOMEN ❑ RENAL STONE ❑ L-SPINE
❑ OTHER _____ ❑ UROGRAM

– See Back of Order for Prep –

CTA
❑ AORTA ❑ ABDOMEN ❑ ABDOMEN/PELVIS
❑ CAROTID/NECK ❑ HEAD
❑ EXTREMITY ❑ UPPER ❑ LOWER ❑ L ❑ R
❑ AORTA W/RUNOFF
❑ CHEST ❑ OTHER: _____

NUCLEAR

❑ 3 PHASE BONE (_____) (WITH TOTAL BODY IF NECESSARY)
❑ TOTAL BONE BODY (WITH 3 PHASE IF NECESSARY)
❑ V/Q SCAN ❑ MUGA ❑ LEUCKOCYTE SCAN / BONE MARROW
❑ HIDA SCAN ❑ RENAL (WITH LASIX) ❑ RENAL (WITHOUT LASIX) ❑ OTHER: _____

BREAST

❑ MAMMOGRAPHY (note: no deodorant or powder; bring previous mammogram) ❑ 2D SCREENING ❑ 3D SCREENING
❑ DIAGNOSTIC (WITH ULTRASOUND IF NEEDED) ❑ BILATERAL ❑ LEFT ❑ RIGHT
CHECK THESE FOR DIAGNOSTIC STUDY:
❑ LUMP, PAIN, THICKENING ❑ NIPPLE D/C ❑ ABNORMAL MAMM ❑ OTHER: _____
BONE DENSITOMETRY ❑ L-S SPINE/HIP

PROCEDURE

❑ CYST ASPIRATION ❑ GALACTOGRAM ❑ LUMBAR PUNCTURE
❑ BREAST BX ❑ STEREO ❑ US CORE ❑ HYSTEROSALPINGOGRAM ❑ ARTHROGRAM
❑ MYELOGRAM ❑ NEEDLE ASP./BX ❑ PAIN MANAGEMENT
❑ OTHER _____

❑ TELEPHONE REPORT (Hold Patient)#_____

❑ TELEPHONE REPORT (Release Patient)#_____

PROVIDER Signature: _____

SIGNATURE STAMPS ARE NOT VALID

Date: _____ Time: _____

Contrast will be added as necessary to optimize the diagnostic capability of the exam. Additional studies will be performed as medically necessary to optimize the diagnostic capability of the study that is being performed (e.g.: x-rays for an abnormal bone scan). Signing this form indicates your agreement of the above.

McLaren
FLINT

DOING WHAT'S BEST.

- ❑ McLaren Imaging Center, 501 S Ballenger Hwy, Suite B, Flint 48532
- ❑ McLaren Flint MRI, 750 S Ballenger Hwy, Flint 48532
- ❑ McLaren Fenton Imaging Services, 2420 Owen Rd., Fenton 48430

PATIENT INSTRUCTIONS:

Please bring your order form, photo ID, medical insurance card(s) & any previous related exams (not completed at McLaren facility) to your appointment.

EXAM PREPARATIONS:

McLAREN IMAGING CENTER:

❑ **UPPER G.I. and/or SMALL BOWEL SERIES**

Day before the exam:

1. Dinner meal should consists of clear liquids only, including soups, juices, plain Jell-o, and non-carbonated beverages; no milk or dairy products.
2. Nothing to eat or drink after midnight.

If a SMALL BOWEL SERIES has been requested, the follow-up films may require that you stay in the department an average of 2 hours, at times longer.

❑ **BARIUM ENEMA**

Day before the exam:

1. Clear liquids only, all day.
2. At 2 p.m., drink entire bottle of magnesium citrate (10 oz)
3. 6 p.m. take 2 oz. of castor oil or 6 capsules of Dulcolax.
4. Nothing to eat or drink after midnight.
5. 6 a.m. use one Dulcolax rectal suppository.

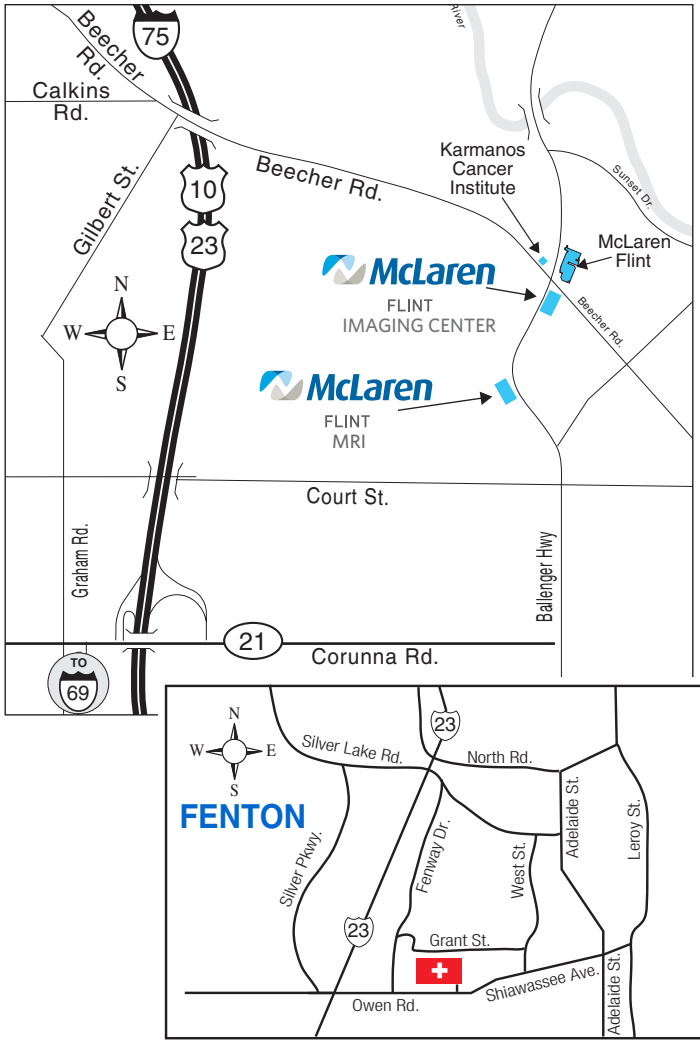
❑ **INTRAVENOUS PYELOGRAM**

Day before the exam:

1. 4 p.m. take 7-8 oz. Magnesium Citrate and 1 full glass of water.
2. Drink six to eight glasses of water.
3. Dinner emal should consists of clear liquids only, including soups, juices, plain Jell-o, and non-carbonated beverages; no milk or dairy products.
4. Nothing to eat or drink after midnight.

ULTRASOUND

- ❑ **Pelvis - Must finish** four to six 8 oz. glasses of fluid 1 hr. before appointment. **Do not urinate.** Your bladder **must** be very full for this exam.
- ❑ **Abdomen (Aorta, GB & Kidney) -** Nothing to eat or drink from midnight before test.
- ❑ **Prostate -** A Fleets enema 1 hour before exam. Also follow Pelvis instructions.
- ❑ **Breast, Scrotum, Thyroid -** No preparation required.



NUCLEAR MEDICINE

- ❑ **Bone Scan**
  1. No barium studies two days before (CT Barium okay).
  2. Drink fluids after your injection (four to six 8 oz. glasses of water).
  3. Be sure to bring any films relating to the scan with you at the time of injection.
- ❑ **Renal -** No preparation required.
- ❑ **Muga -** No preparation required.
- ❑ **HIDA Scan**
  1. Nothing to eat or drink four hours before.
  2. No pain medications six hours prior to scan.
- ❑ **V/Q Scan -** Bring Chest X-Ray if already done. Lung perfusion (V/Q scan)

❑ **CT SCAN**

Head/NECK - Increase fluids the day before test and day of test.

Body - (Chest, Abdomen, Pelvis) - Increase fluids the day before test and day of test. No solid foods 4 hours prior to the test. Some CT Scans of the Abdomen/Pelvis require overnight prep. For further instructions please call the CT Dept at 810-342-4825

McLAREN FLINT & FENTON MRI:

- ❑ Leave Jewelry (watches, necklaces, bracelets, etc.) at home. Solid gold wedding bands are permissible.

PET: (located at 750 S Ballenger Hwy, Flint 48532)

- ❑ You will be contacted by PET/CT staff to go over specific instructions related to your exam.