30th anniversary RMI REGIONAL MEDICAL IMAGING
rmipc.net

ORTHOPEDICS REFERRAL FORM

Appt. Date _____
Appt. Time _____ AM PM
Arrival Time _____

PRE-REGISTRATION (810) 244-7100 ■ **SCHEDULING** (810) 732-1919 ■ **FAX** (810) 732-1945

❑ **FLINT MAIN** (MRI CENTER) 3346 Lennon Rd. Flint, MI 48507	❑ **VILLA LINDE** 5059 Villa Linde Pkwy. #25 Flint, MI 48532	❑ **FENTON** 221 W. Roberts St. Fenton, MI 48430	❑ **GRAND BLANC** 8483 Holly Rd. Grand Blanc, MI 48439	❑ **DAVISON** 1141 S. State Road Davison, MI 48423	❑ **LAPEER** 1794 N. Lapeer Rd. Suite B Lapeer, MI 48446	❑ **NOVI** 24285 Karim Blvd. Suite A Novi, MI 48375

PATIENT INFORMATION & LATERALITY

Patient Name: _____ DOB: ____/____/____

Wt: _____ Patient Phone # : _____

Ordering Physician: (print name) _____ Signature: _____ Date: ____/____/____

SIGNATURE STAMPS ARE NOT VALID

REASON FOR THE TEST MUST BE GIVEN: If the reason is to rule-out, or evaluate for a suspected condition, please indicate that along with the presenting signs/symptoms

Symptoms/reason for exam: _____

PLEASE INCLUDE LATERALITY, SPECIFIC SITE (i.e., joint), ANY RELEVANT COMORBIDITIES, OR OTHER INFORMATION NECESSARY.

ICD-9/10 code(s) _____

❑ Acute ❑ Chronic | Injury Related? ❑ Yes ❑ No | Date of injury _____

Pre-Authorization number: _____ Date range: _____

Physician preference for results: ❑ Routine ❑ STAT ❑ Hold Patient ❑ Release Patient

❑ Call report #: _____ ❑ Fax #: _____

❑ CC: Doctor: _____ Other: _____

THIS SECTION MUST BE FULLY COMPLETED FOR ACCURACY, OR AN RMI EMPLOYEE WILL NEED TO CONTACT YOU PRIOR TO YOUR PATIENT'S EXAM.

PLEASE CALL FOR AN APPOINTMENT ON ALL EXAMS BELOW

XRAY

NO APPOINTMENT REQUIRED - FOR GENERAL X-RAY ONLY

X-RAY _____ ❑ LT ❑ RT ❑ BILATERAL

WITH ATTN. TO: _____

FLUOROSCOPY ❑ ARTHROGRAPHY APPOINTMENT REQUIRED ❑ LT ❑ RT ❑ BILATERAL

BONE (DEXA) DENSITOMETRY ❑ L-S SPINE / HIP ❑ WRIST / FOREARM APPOINTMENT REQUIRED

LAB: ■ **BUN/CREATININE** (FOR CONTRAST EXAMS ONLY)

MRI

RADIOLOGIST WILL DETERMINE APPROPRIATE USE OF CONTRAST. QUESTIONS? CALL OUR MRI DEPT. (810) 720-7575 EXT. 1830

❑ **MRI** _____ ❑ **MRA** _____

PATIENTS WITH PACEMAKER OR CARDIAC DEFIBRILLATOR (ICD) ARE NOT CANDIDATES FOR MRI EXAMS ❑ LT ❑ RT ❑ BILATERAL

US/ DOPPLER

❑ MSK _____ ❑ OTHER _____

❑ US-GUIDED BIOPSY OF _____

❑ ARTERIAL UE / LE – RT / LT / BILAT ❑ VENOUS UE / LE – RT / LT / BILAT ❑ LT ❑ RT ❑ BILATERAL

CT

RADIOLOGIST WILL DETERMINE APPROPRIATE USE OF CONTRAST. QUESTIONS? CALL OUR CT DEPT. (810) 720-7575 EXT. 1876

❑ **CT** _____ ❑ **CTA** _____

❑ LT ❑ RT ❑ BILATERAL

PET/CT

❑ SKULL TO MID-THIGH ❑ BRAIN METABOLISM ❑ FULL BODY (FOR MELANOMA)

NUC

NUCLEAR BONE SCAN ❑ TOTAL BODY (WITH X-RAYS/SPECT IF NECESSARY) ❑ SPOTS

❑ THREE PHASE ❑ SPECT ❑ WITH ATTN TO: _____

OTHER NUCLEAR ❑ WBC SCAN

DIRECTIONS

Please follow instructions below. Proper preparation is important for good examination and your personal comfort.
Please bring this form, photo ID, medical insurance, and a complete list of all current medications with you at the time of your examination.

CT SCAN - SPINE OR EXTREMITIES

- No prep necessary

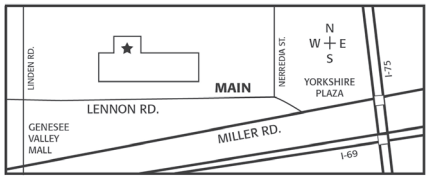
MRI/MRA

- Call us immediately if you have a pacemaker, defibrillator, aneurysm clips, or if you are pregnant, have a history of metal in your eyes, or have had brain, eye, ear, open heart surgery or internal stimulation devices.
- Our MRI scanner is specially designed to significantly decrease the problem of claustrophobia. Do not hesitate to discuss this issue with your doctor prior the examination.
- It is suggested that you wear sweat suits and that women wear sports bras or similar comfortable clothing.

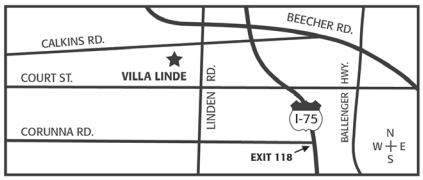
PET/CT SCAN

- Do not consume any food or drink for approximately 6 hours before your scan including candy, gum, mints, soda pop, cough drops or tobacco products.
- Avoid strenuous activities and exercise 24 hours prior to your exam.
- RMI staff will contact you prior to your appointment with further instructions.

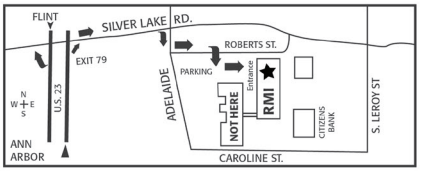
NOVI 24285 KARIM BLVD. SUITE A, 48375



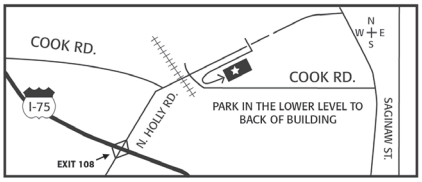
MAIN OFFICE ▪ MRI CENTER
3346 LENNON RD., FLINT 48507



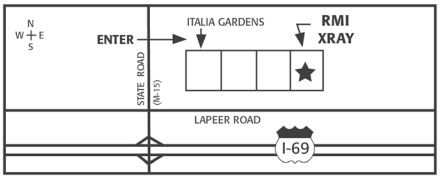
VILLA LINDE - FLINT
NORTH ENTRANCE
5059 VILLA LINDE PKWY, SUITE #25, 48532



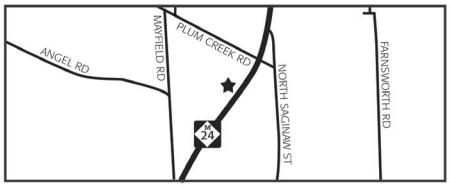
FENTON 221 W. ROBERTS ST. 48430



GRAND BLANC 8483 HOLLY RD. 48439



DAVISON 1141 S. STATE RD. SUITE #26, 48423



LAPEER 1794 N. LAPEER RD. SUITE B, 48446

30th anniversary
RMI
REGIONAL MEDICAL IMAGING

FOR A FREE QUOTE ON HIGH QUALITY IMAGING COSTS please visit rmipc.net/challenge1 and

TAKE THE RMI CHALLENGE $

Flint Area **(810) 732-1919** ▪ **Novi Area** **(248) 536-0410** ▪ **Lapeer Area** **(810) 969-4700**

DO YOU OR SOMEONE YOU KNOW HAVE A HIGH DEDUCTIBLE OR NO INSURANCE AT ALL?

Ask about our cash-pay option and save up to 50% or more for the same quality exams.

PLEASE CONTACT OUR BILLING OFFICE:

810-244-3871 Monday through Friday 8:00 am to 5:00 pm