



SCHEDULING PHONE (810) 732-1919 FAX (810) 732-1945 ■ PRE-REGISTRATION PHONE (810) 244-7100 FAX (810) 732-1942

- LENNON ROAD, FLINT BURTON FENTON LAPEER ROYAL OAK (See back for office addresses)
 VILLA LINDE, FLINT DAVISON GRAND BLANC NOVI SOUTHGATE

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

PATIENT INFORMATION & LATERALITY

Patient Name: _____ DOB: ____/____/____

Wt: _____ Ht: _____ Patient Phone # : _____

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

SIGNATURE STAMPS ARE NOT VALID

Symptoms/reason for exam: (PLEASE INCLUDE LATERALITY, SPECIFIC SITE) _____

Other medical conditions RELEVANT TO THIS IMAGING STUDY _____

Pre-Authorization number: _____ Date range: _____

Decision Support Number (DSN) for MEDICARE PATIENTS ONLY needing ADVANCED IMAGING studies: _____

Physician preference for results: Routine STAT Hold Patient Release Patient

Call Report #: _____ Fax #: _____

CC: Doctor: _____ Other: _____

PLEASE CALL FOR AN APPOINTMENT ON ALL EXAMS BELOW (EXCEPT GENERAL X-RAY)

**BREAST
SCREENING**

2D MAMMOGRAM (3D TOMOSYNTHESIS IF NECESSARY)

SCREENING (WITH ADDITIONAL VIEWS AND/OR US IF NECESSARY) RAPID SCREENING BREAST MRI - DENSE BREASTS ONLY (WITH NO OTHER PROBLEMS)

**BREAST
DIAGNOSTIC**

DIAGNOSTIC (WITH ADDITIONAL VIEWS AND/OR US IF NECESSARY) → PICK ONE BILATERAL / RT OR LT

CONTRAST ENHANCED SPECTRAL MAMMOGRAPHY (CESM)

ULTRASOUND MRI-GUIDED BIOPSY MRI BREAST

ULTRASOUND BREAST BIOPSY STEREOTACTIC BREAST BIOPSY BREAST CYST ASPIRATION GALACTOGRAPHY

LAB: ■ BUN/CREATININE (FOR CONTRAST EXAMS ONLY) ■ BRCA1 / BRCA2 GENE

**XRAY
FLURO
DEXA**

X-RAY (NO APPOINTMENT REQUIRED) _____

WITH ATTN. TO: _____

FLUOROSCOPY BARIUM ENEMA UPPER GI SMALL BOWEL ESOPHAGRAM VCUG ARTHROGRAPHY SIALOGRAPHY IVP
 HYSTEROSALPINGOGRAPHY

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

**US/
DOPPLER**

KIDNEYS ONLY (INCLUDES BLADDER) LIVER ONLY GALLBLADDER ONLY ABDOMEN COMPLETE PROSTATE SCROTUM

HYSTEROSONOGRAPHY THYROID FETAL (WITH TRANSVAGINAL IF NECESSARY) PELVIS (WITH TRANSVAGINAL IF NECESSARY)

PELVIC LIMITED (FOLLOW UP TO A PREVIOUS)

HERNIA (TYPE) _____ US-GUIDED BIOPSY OF _____ MSK _____ OTHER _____

COLOR DOPPLER

ABD AORTA ONLY LIVER RENAL ARTERIES CAROTIDS ARTERIAL UE / LE - RT / LT / BILAT VENOUS UE / LE - RT / LT / BILAT

MRI

RADIOLOGIST WILL DETERMINE APPROPRIATE USE OF CONTRAST.

MRV

MRI

MRA

PATIENTS WITH PACEMAKER OR CARDIAC DEFIBRILLATOR (ICD) ARE NOT CANDIDATES FOR MRI EXAMS ARTHROGRAM

CT

RADIOLOGIST WILL DETERMINE APPROPRIATE USE OF CONTRAST.

ARTHROGRAM

CALCIUM SCORING

CT

CTA

PET/CT

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

NUC

**NUCLEAR BONE SCAN
NUCLEAR THYROID**

TOTAL BODY (WITH X-RAYS/SPECT IF NECESSARY) SPOTS THREE PHASE SPECT WITH ATTN. TO: _____

I-123 UPTAKE WITH SCAN TECHNETIUM SCAN ONLY I-131 HYPERTHYROID TREATMENT I-131 CA THERAPY

I-131 SURVEILLANCE

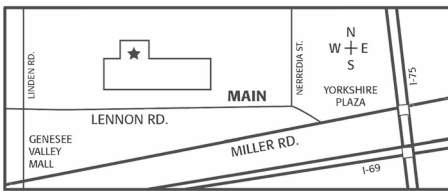
NUCLEAR RENOGRAPH

RENOVASCULAR HTN RENOGRAPH LASIX RENOGRAPH RENOGRAPH ONLY

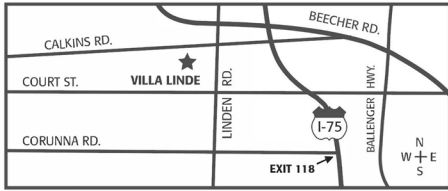
OTHER NUCLEAR

LIVER / SPLEEN HIDA (WITH US IF NECESSARY) PARATHYROID MUGA VQ SCAN WBC SCAN

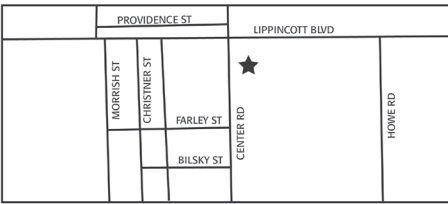
CISTERNOGRAM LYMPHOSCINTIGRAPHY



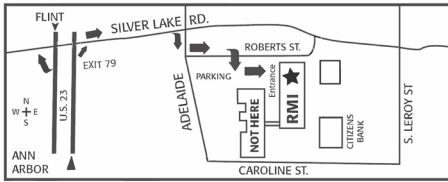
MAIN OFFICE - MRI CENTER
3346 LENNON RD., FLINT



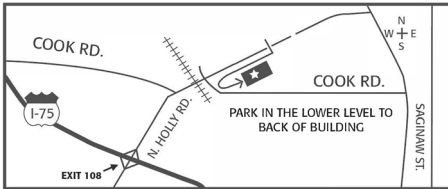
VILLA LINDE - FLINT
5059 VILLA LINDE PKWY, SUITE #25



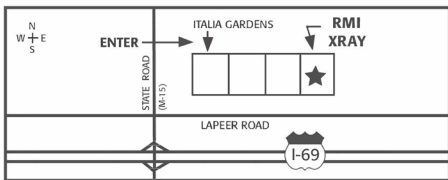
BURTON
G2065 CENTER RD. SUITE F



FENTON 221 W. ROBERTS ST.



GRAND BLANC 8483 HOLLY RD.



DAVISON 1141 S. STATE RD. SUITE #26



LAPEER 1794 N. LAPEER RD. SUITE B



NOVI 24285 KARIM BLVD. SUITE A

Genesee Area (810) 732-1919
Lapeer Area (810) 969-4700

Novi Area (248) 536-0410
Royal Oak Area (248) 543-7226
Southgate Area (734) 281-6600

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 - ABDOMEN AND/OR PELVIS
IF A.M. APPOINTMENT:

- Drink half of Readi-Cat at bedtime, the night before the exam.
- Drink remaining half 2 hours prior to exam time.
- After drinking the second half, do not eat or drink anything else.
- Take all medications except diabetic meds containing metformin or glucophage.

IF P.M. APPOINTMENT (12PM OR AFTER):

- Drink half of Readi-Cat 6 hours before exam time.
- Drink remaining half 2 hours prior to exam time.
- After drinking the second half, do not eat or drink anything else.
- Take all medications except diabetic meds containing metformin or glucophage.

CT SCAN - HEAD OR CHEST

- Nothing to eat 3 hours prior to exam, but you can drink water up to the time of your appointment.
- May take all medications.

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.
- **MRI ABDOMEN** - Nothing to eat or drink 4 hours prior. **OR**
- **MRCP** - Nothing to eat or drink 6 hours prior.
- 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.

THYROID UPTAKE & SCAN

- Withhold thyroid medication for 6 weeks (i.e. Synthroid, Levothyroid, Armour).
- If you have had a recent IV contrasted study in the past 6 weeks, please contact us 810-732-1919.

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.

BARIUM ENEMA - COLON EXAM

- Eat a light lunch the day before the examination. Clear liquids for dinner. **WATER ONLY AFTER DINNER.**
- Drink a large glass of water at 2, 4, 8 and 11 pm.
- At 7pm take one 10 oz. bottle of Magnesium Citrate (better tasting when chilled) found at your local pharmacy.
- At 8pm take 4-6 Dulcolax tablets.
- **NOTHING TO EAT OR DRINK AFTER MIDNIGHT, INCLUDING NO GUM OR HARD CANDIES.** The bowel must be clean for a comfortable examination.

ULTRASOUND ABDOMEN: LIVER - GALLBLADDER-PANCREAS - AORTA

- Nothing to eat or drink after 10 pm the night before your exam (including no gum or hard candies).

ULTRASOUND PELVIS OR FETAL

- Patient needs to come in with a full bladder.
- Please drink 36 oz. of water and have it finished 1 hour prior to exam time.
- **DO NOT URINATE ONCE YOU HAVE STARTED DRINKING, UNTIL AFTER YOUR EXAM.**

ULTRASOUND KIDNEY

- Nothing to eat 4 hours prior to exam.
- Patient needs to come in with full bladder.
- Please drink 36 oz. of water and have it finished 1 hour prior to exam time.

CHILD'S PREP FOR PELVIS AND/OR KIDNEY:

- Call for prep if patient is 15 years of age or under.

ULTRASOUND PROSTATE

- Take Fleets Enema (found at your local pharmacy) 1 hour prior to exam.

IVP - INTRAVENOUS PYELOGRAM

- Eat a light lunch. Only clear liquids for dinner.
- Drink a large glass of water at 2, 4, 8, and 11 pm the day prior to the examination.
- Drink one 10 oz. bottle of Magnesium Citrate (cold) at 7 pm (Found at your local pharmacy).
- Nothing to eat or drink after midnight, including no gum or hard candies.
- Take all medications except diabetic meds containing metformin or glucophage.

HIDA/HEPATOBIILIARY SCAN

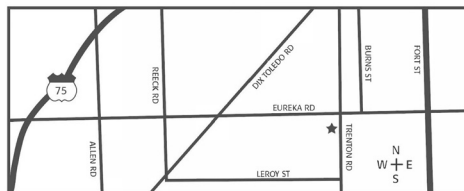
- Nothing to eat or drink 4 hours prior to exam, including no water, gum, or hard candies.
- Do not take any form of medication for 4 hours prior to exam.

UPPER GI/ SMALL BOWEL

- Nothing to eat or drink after 10 pm, including no gum or hard candies.
- No breakfast on the day of the examination.



ROYAL OAK 26454 WOODWARD AVE. SUITE A



SOUTHGATE 15300 TRENTON RD.