

# ORTHOPEDICS REFERRAL FORM

Appt. Date \_\_\_\_\_ AM  
Appt. Time \_\_\_\_\_ PM  
Arrival Time \_\_\_\_\_  
Location \_\_\_\_\_  
(See back for office addresses)

## ONLINE SCHEDULING NOW AVAILABLE!

In lieu of filling out this form, you can now schedule your appointment online at: [rmi.opendr.com](http://rmi.opendr.com)

For advanced access to your patient's information and scheduling chart at no cost to you, follow this link: [www.rmipc.net/online-scheduling-access](http://www.rmipc.net/online-scheduling-access)

PATIENT INFORMATION & LATERALITY

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ M ☐ F Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Age: \_\_\_\_\_

Patient Phone #: (\_\_\_\_) \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME

VALID 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.**

**MEDICARE PATIENTS ONLY: BY LAW this section MUST be completed by the referring physician for Medicare advanced imaging: CT, MR, NUC, PET.**

DSN #: \_\_\_\_\_ AUC score: \_\_\_\_\_ HCPCS modifier (circle one): ME MF MG MH

CDSM: Careselect OR other: \_\_\_\_\_ G - \_\_\_\_\_ Date/time CDSM was consulted: \_\_\_\_\_

## PLEASE CALL FOR AN APPOINTMENT ON ALL EXAMS BELOW

### XRAY

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.

☐ 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.

☐ CT ☐ CTA

☐ LT ☐ RT ☐ BILATERAL

### PET/CT

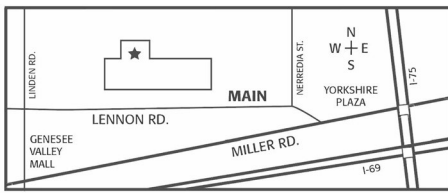
☐ SKULL TO MID-THIGH ☐ BRAIN METABOLISM ☐ FULL BODY (FOR MELANOMA)

### NUC

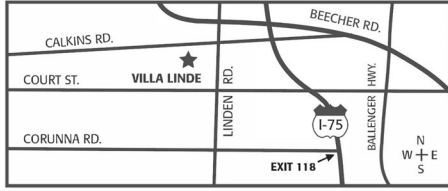
NUCLEAR BONE SCAN ☐ TOTAL BODY (WITH X-RAYS/SPECT IF NECESSARY) ☐ SPOTS

☐ THREE PHASE ☐ SPECT ☐ WITH ATTN TO: \_\_\_\_\_

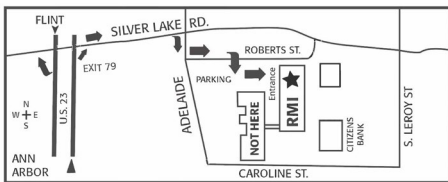
OTHER NUCLEAR ☐ WBC SCAN



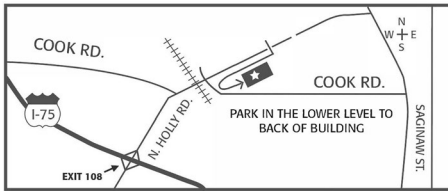
**MAIN OFFICE • MRI CENTER**  
3346 LENNON RD., FLINT



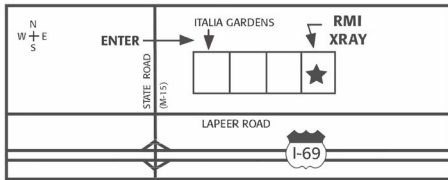
**VILLA LINDE - FLINT**  
5059 VILLA LINDE PKWY, SUITE #25



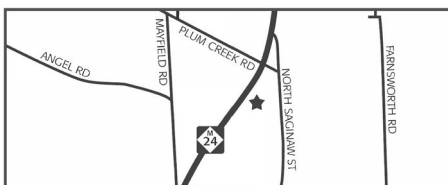
**FENTON** 221 W. ROBERTS ST.



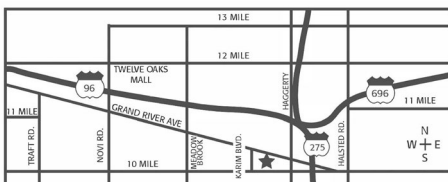
**GRAND BLANC** 8483 HOLLY RD.



**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 the first bottle of Readi-Cat at bedtime, the night before the exam.
- **If P.M. appointment:** Drink half of the first bottle 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 medicines containing Metformin.
- Upon arrival, drink half of the second bottle of Readi-Cat. Please bring remaining portion into the exam room with you.

### 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 7 pm take one 10 oz. bottle of Magnesium Citrate (better tasting when chilled) found at your local pharmacy.
- At 8 pm 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 AVE