



RADIOLOGY REFERRAL FORM



Appt. Date _____ AM

Appt. Time _____ PM

Arrival Time _____

Location _____

(See back for office addresses)

TOO BUSY TO CALL? SCHEDULE YOUR APPOINTMENT ONLINE WHERE YOU HAVE 24/7 ACCESS!

Scan the QR code above or visit rmi.opendr.com to schedule your appointment today!

Both patients and physician offices can schedule online.

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

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

Other medical conditions RELEVANT TO THIS IMAGING STUDY _____

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

BREAST SCREENING

MAMMOGRAM (3D TOMOSYNTHESIS)

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

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 FLUORO DEXA

X-RAY _____

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

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

NUCLEAR THYROID

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

I-131 SURVEILLANCE

NUCLEAR RENOGRAM

RENOVASCULAR HTN RENOGRAM LASIX RENOGRAM RENOGRAM ONLY

OTHER NUCLEAR

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

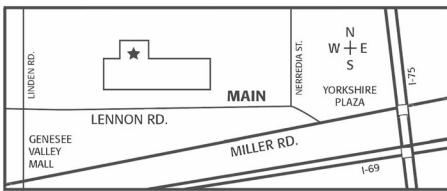
CISTERNOGRAM LYMPHOSCINTIGRAPHY

GENESEE COUNTY SCHEDULING PHONE (810) 732-1919 FAX (810) 732-1945

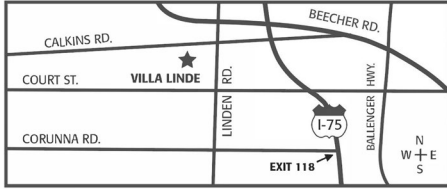
ROYAL OAK SCHEDULING PHONE (248) 543-7226 FAX (248) 399-7226

NOVI SCHEDULING PHONE (248) 536-0410 FAX (248) 536-0420

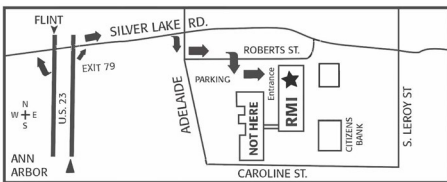
SOUTHGATE SCHEDULING PHONE (734) 281-6600 FAX (734) 281-7481



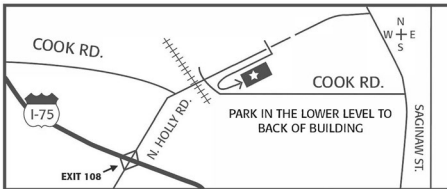
MAIN OFFICE - MRI CENTER
3346 LENNON RD., FLINT



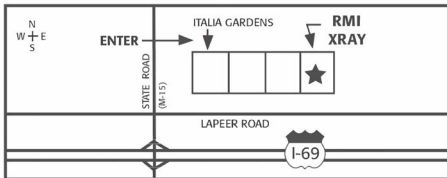
VILLA LINDE - FLINT
5059 VILLA LINDE PKWY, SUITE #25



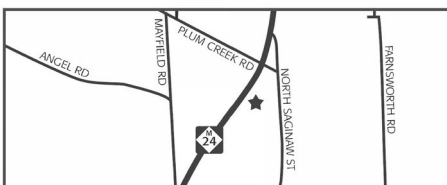
FENTON 221 W. ROBERTS ST.



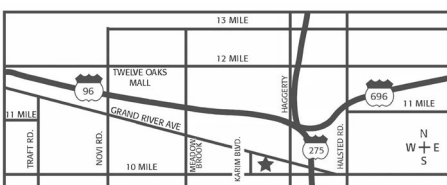
GRAND BLANC 8483 HOLLY RD.



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 Read-Cat at bedtime, the night before the exam.
- **If P.M. appointment:** Drink half of the first bottle of Read-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 Read-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 to 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 RD