



ORTHOPEDICS 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

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

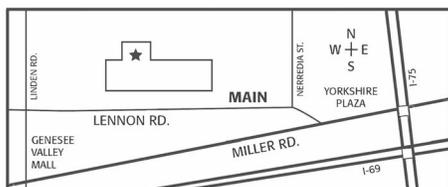
SKULL TO MID-THIGH BRAIN METABOLISM FULL BODY (FOR MELANOMA)

NUC

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

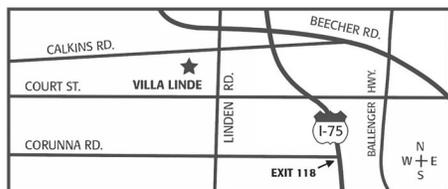
THREE PHASE SPECT WITH ATTN TO: _____

OTHER NUCLEAR WBC SCAN



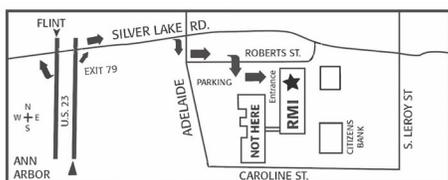
MAIN OFFICE - MRI CENTER

3346 LENNON RD., FLINT

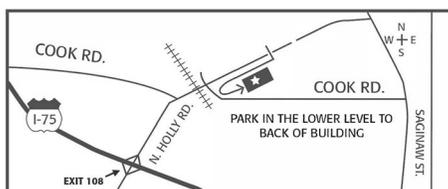


VILLA LINDE - FLINT

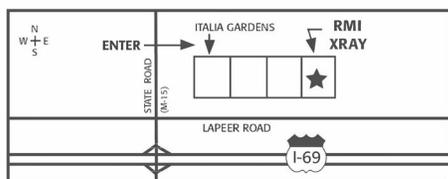
5059 VILLA LINDE PKWY, SUITE #25



FENTON 221 W. ROBERTS ST.



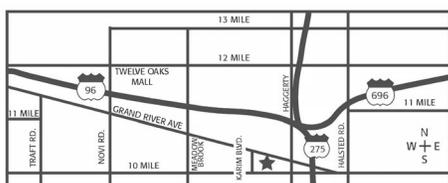
GRAND BLANC 8483 HOLLY RD.



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.

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.

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**
- **MRCIP** - 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.



ROYAL OAK 26454 WOODWARD AVE. SUITE A



SOUTHGATE 15300 TRENTON RD