



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](http://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**

RADIOLOGIST WILL DETERMINE APPROPRIATE USE OF CONTRAST FOR ALL APPLICABLE EXAMS BELOW

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

<b>CERVICAL</b>	<input type="checkbox"/> MRI	<input type="checkbox"/> CT	<input type="checkbox"/> X-RAY
<b>THORACIC</b>	<input type="checkbox"/> MRI	<input type="checkbox"/> CT	<input type="checkbox"/> X-RAY
<b>LUMBAR</b>	<input type="checkbox"/> MRI	<input type="checkbox"/> CT	<input type="checkbox"/> X-RAY
<b>SACRUM/COCCYX</b>	<input type="checkbox"/> MRI	<input type="checkbox"/> CT	<input type="checkbox"/> X-RAY
<b>3D</b>	<input type="checkbox"/> 3D RECONSTRUCTION		

**INDICATIONS**

RADICULOPATHY

DISC HERNIATION

CAUDA EQUINA SYNDROME

INFECTIOUS PROCESS

ABNORMAL X-RAY

OTHER \_\_\_\_\_

DIAGNOSIS/IC9 CODE: \_\_\_\_\_

\_\_\_\_\_

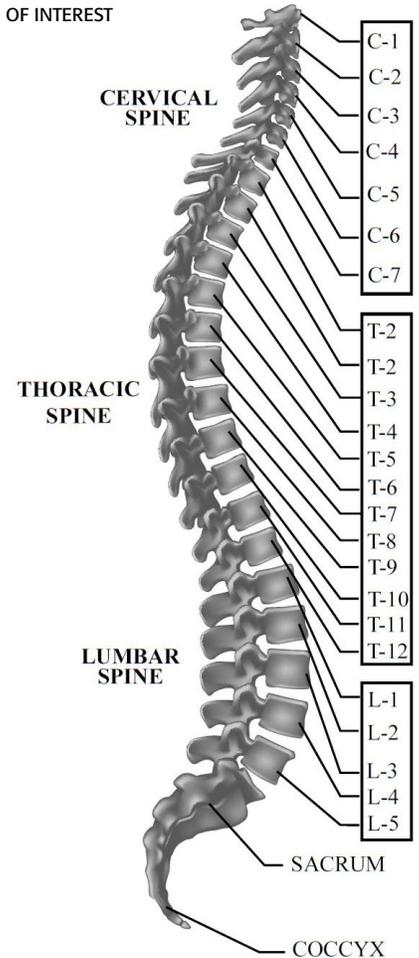
SIGNS/SYMPTOMS: \_\_\_\_\_

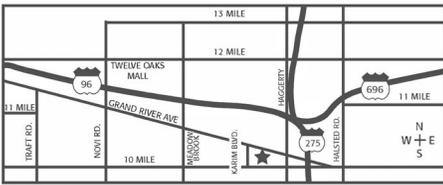
\_\_\_\_\_

PREVIOUS X-RAY FINDINGS: \_\_\_\_\_

\_\_\_\_\_

CIRCLE AREA(S) OF INTEREST





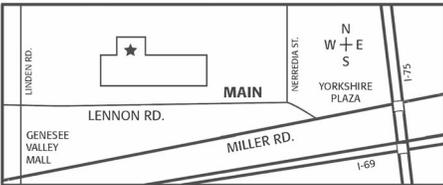
**NOVI** 24285 KARIM BLVD. SUITE A



**ROYAL OAK** 26454 WOODWARD AVE. SUITE A

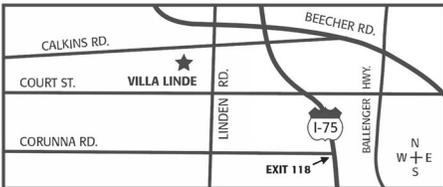


**SOUTHGATE** 15300 TRENTON RD



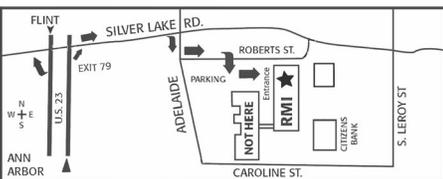
**MAIN OFFICE - MRI CENTER**

3346 LENNON RD., FLINT

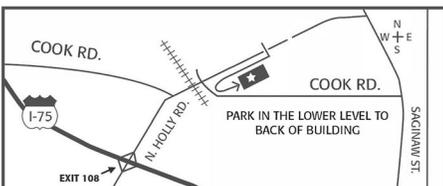


**VILLA LINDE - FLINT**

5059 VILLA LINDE PKWY, SUITE #25



**FENTON** 221 W. ROBERTS ST.



**GRAND BLANC** 8483 HOLLY RD.

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

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

**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.

**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**

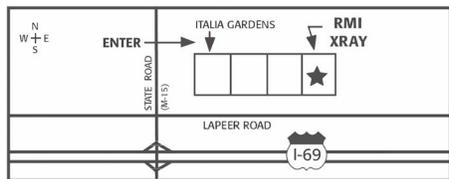
- Take Fleets Enema (found at your local pharmacy) 1 hour prior to exam.

**MRI/MRA**

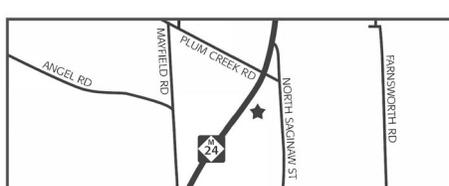
- Call us immediately if you have a pacemaker, defibrillator, aneurysm clips, or if you are pregnant, have a history of metal in your eyes, or have had brain, eye, ear, open heart surgery or internal stimulation devices.
- MRI ABDOMEN** - Nothing to eat or drink 4 hours prior. **OR**
- MRCP** - Nothing 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.



**DAVISON** 1141 S. STATE RD. SUITE #26



**LAPEER** 1794 N. LAPEER RD. SUITE B

**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.