

RADIOLOGY REFERRAL FORM



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

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.

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)

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 _____
 WITH ATTN. TO: _____
 FLUOROSCOPY ARTHROGRAPHY IVP
 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.
 MRI _____ MRV (VENOGRAPHY)
 MRI _____ MRA (ANGIOGRAPHY)
 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 FFR
 CT _____ CTA _____

PET/CT

FDG SKULL TO MID-THIGH FDG WHOLE BODY (MELANOMA / MULTIPLE MYELOMA) FDG BRAIN METABOLISM RUBIDIUM MYOCARDIAL PERFUSION
 PSMA (PROSTATE CA) DOTATATE / NETSPOT (NEUROENDOCRINE CA) AMYVID (BRAIN DEMENTIA) CERIANA (BREAST CA)

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

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 completelist 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 Genus at bedtime, the night before the exam.
- **If P.M. appointment:** Drink half of the first bottle of Genus 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 Genus. 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.

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.

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.

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.

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.

BARIUM ENEMA - COLON EXAM

Follow the 48 hour prep instruction below unless otherwise instructed by your prescribing physician. The preparation is very important. An adequate clean-out allows for the best evaluation of your entire colon.

Please purchase the following items:

- **GATORADE** (two 64 oz. bottles, NOT red, pink, or purple)
- **LIQUIDS** for the day before your Barium Enema (see list below)
- **DULCOLAX** 5mg tablets (four tablets)
- **2 MIRALAX** Bottle 238 grams. You will take one bottle the evening before the procedure and the second bottle the day of the procedure, four hours before your scheduled exam time.

Medications listed above are laxatives, they are available for purchase over-the-counter.

2 DAYS PRIOR TO THE PROCEDURE

Follow a low Residue diet which includes:

- Boiled, baked, or broiled chicken, beef, fish, or pork
- Sherbet, cake, or pie without seeds, nuts, raisins, or coconut
- Well-cooked vegetables (potatoes and tomatoes without skins)
- Canned or cooked fruit
- White bread, crackers
- Eggs

1 DAY PRIOR TO THE PROCEDURE

Follow a Clear Liquid Diet which includes:

Sodas (regular or diet), Gatorade or Powerade, Apple or Grape Juice, Iced Tea, Water, Black Coffee or Plain Tea (please limit quantity), and/or clear soups (i.e. broth or bouillon)

Follow these instructions:

- **2:00 PM:** Take 2 DULCOLAX tablets
- **5:00 PM:** Mix one entire bottle of MIRALAX into 64 ounces of GATORADE
- Shake the solution until fully dissolved: Drink an 8 ounce glass every 10-15 minutes until the solution is gone.
- **7:00 PM:** Take the last 2 DULCOLAX tablets
- Nothing to eat or drink after midnight
- You may take your regular medications with sips of water

DAY OF THE PROCEDURE

- Clear liquids are allowed only to take essential medications; heart and blood pressure medications must be taken no later than 6:00 am on the day of the procedure.
- Start drinking the second mixture of 238 grams Miralax + 64 ounces Gatorade; drink 8 ounces every 10-15 minutes until solution is gone.
- If you take diabetic medications, you need to take a half dosage the day before your procedure and none the day of your procedure.
- Nothing by mouth two hours prior to your procedure
- Your bowel movements must run light yellow with no particles. If it is not, please call us prior to your procedure.

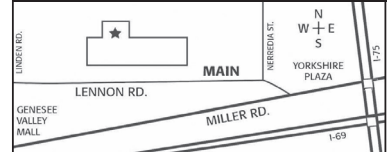
IVP - INTRAVENOUS PYELOGRAM

- 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.

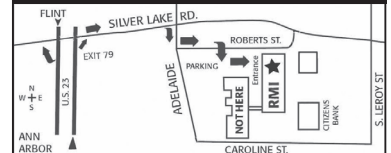
MAIN OFFICE - MRI CENTER 3346 LENNON RD, FLINT



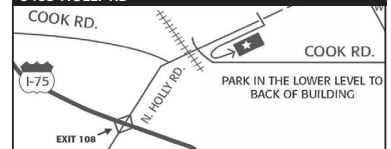
VILLA LINDE - FLINT 5059 VILLA LINDE PKWY, SUITE 25



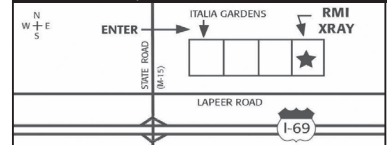
FENTON 221 W ROBERTS ST



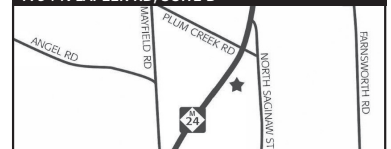
GRAND BLANC 8483 HOLLY RD



DAVISON 1141 S STATE RD, SUITE 26



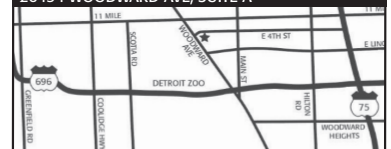
LAPEER 1794 N LAPEER RD, SUITE B



NOVI - MRI CENTER 24285 KARIM BLVD, SUITE A



ROYAL OAK - MRI CENTER 26454 WOODWARD AVE, SUITE A



SOUTHGATE - MRI CENTER 15300 TRENTON RD

