McLaren Business Products

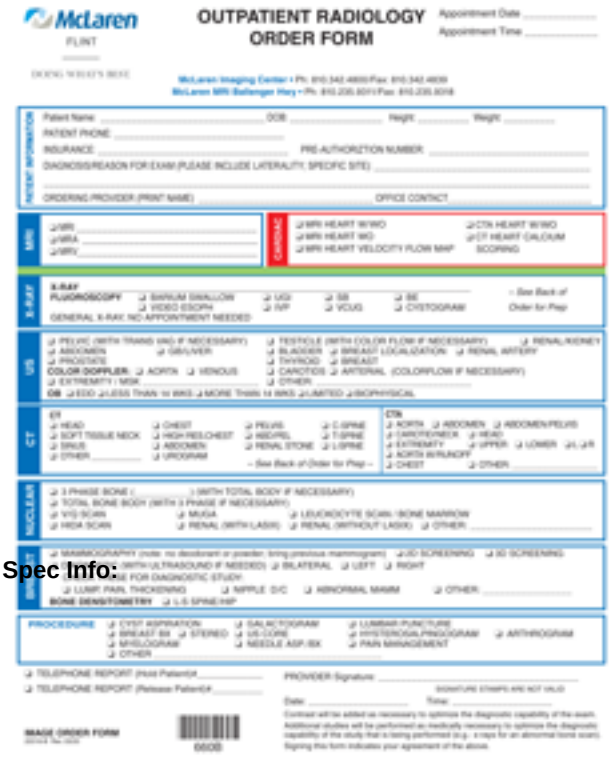
McLaren Print System Order

Order No: 56812
Order Date: 2020-09-14
User: Jodi Peterman
Phone: 3422133

Ship Location: Jodi Peterman - Mclaren Flint MRI Ballenger
750 S Ballenger Hwy
Flint, MI 48532
Forms
Quantity: 36
Paragon Dept No: 32113
Dept Name: Mclaren Flint MRI Ballenger
Company Number: 60

Order Total Price: 471.60

Item Number: M-22016-B
Item Description: Imaging Center Order Form
Revision Date: 8/2020
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: ds; full color; 50 Sheets per pad. Please order how many pads you would lik
e. BW


McLaren
FLINT
OUTPATIENT RADIOLOGY
ORDER FORM
Appointment Date
Appointment Time
McLaren Imaging Center
McLaren MRI Ballenger Hwy
Patient Name
DOB
Height
Weight
PATIENT PHONE
INSURANCE
PRE-AUTHORIZTION NUMBER
DIAGNOSIS/REASON FOR EXAM (PLEASE INCLUDE LATERALITY, SPECIFIC SITE)
ORDERING PROVIDER (PRINT NAME)
OFFICE CONTACT
PATIENT INFORMATION
MRI
CARDIAC
MRI HEART W/WO
CTA HEART W/WO
MRI HEART W/O
CT HEART CALCIUM
MRI HEART VELOCITY FLOW MAP
SCORING
X-RAY
FLUOROSCOPY
BARIUM SWALLOW
VIDEO ESOPH
UGI
IVP
SB
VCUG
BE
CYSTOGRAM
GENERAL X-RAY, NO APPOINTMENT NEEDED
- See Back of Order for Prep
US
PELVIC (WITH TRANS VAG IF NECESSARY)
ABDOMEN
GB/LIVER
PROSTATE
COLOR DOPPLER:
AORTA
VENOUS
EXTREMITY / MSK
TESTICLE (WITH COLOR FLOW IF NECESSARY)
RENAL/KIDNEY
BLADDER
BREAST LOCALIZATION
RENAL ARTERY
THYROID
BREAST
CAROTIDS
ARTERIAL (COLORFLOW IF NECESSARY)
OTHER
DB
CT
CTa
HEAD
SOFT TISSUE NECK
SINUS
OTHER
CHEST
HIGH RES CHEST
ABDOMEN
UROGRAM
PELVIS
NEURO
RENAL STONE
C-SPINE
T-SPINE
L-SPINE
- See Back of Order for Prep -
AORTA
ABDOMEN
ABDOMEN/PELVIS
CAROTID/NECK
HEAD
EXTREMITY
UPPER
LOWER
AORTA W/RUNOFF
CHEST
OTHER
NUCLEAR
3 PHASE BONE
WITH TOTAL BODY IF NECESSARY
TOTAL BONE BODY (WITH 3 PHASE IF NECESSARY)
V/Q SCAN
HIDA SCAN
MUGA
RENAL (WITH LASIX)
RENAL (WITHOUT LASIX)
LEUKOCYTE SCAN / BONE MARROW
OTHER
BREAST
MAMMOGRAPHY
3D SCREENING
WITH ULTRASOUND IF NEEDED
BILATERAL
LEFT
RIGHT
FOR DIAGNOSTIC STUDY
LUMP, PAIN, THICKENING
NIPPLE D/C
ABNORMAL MAMM
OTHER
BONE DENSITOMETRY
L-S SPINE/HIP
PROCEDURE
CYST ASPIRATION
BREAST BX
STEREO
MYELOGRAM
OTHER
GALACTOGRAM
US-CORE
NEEDLE ASP./BX
LUMBAR PUNCTURE
HYSTEROSALPINGOGRAM
PAIN MANAGEMENT
ARTHROGRAM
TELEPHONE REPORT (Hold Patient)#
TELEPHONE REPORT (Release Patient)#
PROVIDER Signature
Date
Time
SIGNATURE STAMPS ARE NOT VALID
IMAGE ORDER FORM
0608

Spec Info: