

# **DIAGNOSTIC IMAGING**

50 North Perry Street Pontiac, MI 48342 Scheduling: 248-338-5608 Phone: 248-338-5604

Fax: 248-338-5605

385 N. Lapeer Road Oxford, MI 48371 Phone: 248-620-5012 Fax: 248-620-5013

5701 Bow Pointe Drive, Suite 110 Clarkston, MI 48346

Phone: 248-620-5012 Fax: 248-620-5013

## PLEASE REMEMBER TO BRING THIS FORM TO YOUR APPOINTMENT

Your appointment is scheduled on: Date: _		Tim	ie:		
Patient Name:			DOB:	/ /	/
Print Ordering Physician's Name:		Signature:			
Physician's Phone # Fax Numb		per Date Ordered:			
Diagnosis:					
GENERAL RADIOLOGY		NUCL	EAR MEDIC	INE	
Exam(s) Requested:LeftRight Bilateral		<ul><li>□ Bone Scan Whole Body</li><li>□ Bone Scan Limited</li><li>□ Bone Scan 3 Phase</li></ul>			
Pana Dansity (DEVA SCAN)		☐ Gastric Emptying Study ☐ Hida Scan w/CCK ☐ Hida Scan w/o CCK ☐ Muga Scan ☐ Myocardial Stress - Exercise			
Bone Density (DEXA SCAN)		☐ Myocardial Stress - Pharmalo ☐ Other:	•		_
CAT SCAN (If labs required, th	ey have to b	e valid within 30 days o	of patient be	ing injected	l.)
	ey have to b	e valid within 30 days o	of patient be	ing injected _With & With	
	Without		-	_With & With	nout
Contrast option MUST be selected:	Without	With		_With & With	nout
Contrast option MUST be selected:  CURRENT (within 30 days) LAB RESULTS: BUN:	Without	With Creatitine:	Date perform  CTA STUDIES  Abdomina	_With & With	nout
Contrast option MUST be selected:  CURRENT (within 30 days) LAB RESULTS: BUN:  Abdomen	Without  Neck So		Date perform  CTA STUDIES  Abdomina Renal Art	_With & With	Aorta
Contrast option MUST be selected:  CURRENT (within 30 days) LAB RESULTS: BUN:  Abdomen Abdomen / Pelvis	Without  Neck So Pelvis Sinus	With  Creatitine: Orbits Orbits Facial Bones	Date perform  CTA STUDIES  Abdomina Renal Art Abdomina	_With & With ned: al Aorta eries and Thoracic al Aorta with Extrem	Aorta
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## **EXAM PREPARATIONS** Instructions are also provided when scheduling the appointment(s).

## **CAT SCAN**

Nothing to eat or drink 2 hours prior to exam

Check with your medical insurance provider to confirm if an authorization is needed for your CT scan.

Contrasted studies may need lab work prior to CT scan. Please contact the scheduling department with any questions.

## **GENERAL RADIOLOGY**

Instructions (if applicable) will be given when appointment is made.

## **MAMMOGRAM**

No deodorant or baby powder day of exam

No caffeine 72 hours prior to exam

Bring prior mammogram studies with you for your appointment.

## **NUCLEAR MEDICINE**

Instructions (if applicable) will be given when appointment is made.

#### **ULTRASOUND**

Abdomen Complete or Limited Nothing to eat or drink after midnight

Kidneys / Bladder Drink 20 ounces of water 1 hour prior to exam. DO NOT URINATE; bladder must be full.

Pelvis Non-OB Drink 20 ounces of water 1 hour prior to exam. DO NOT URINATE; bladder must be full.

Pelvis 1st Trimester Drink 20 ounces of water 1 hour prior to exam. DO NOT URINATE; bladder must be full.