McLaren Business Products

McLaren Print System Order

Order No: 69159
Order Date: 2022-04-20
User: Jennifer Dixon
Phone: 810.342.2138

Ship Location: Jeni Dixon/Imaging Center
501 S Ballenger Hwy , Suite B
Flint, MI 48532
Forms
Quantity: 50
Paragon Dept No: 32011
Dept Name: Imaging Center
Company Number: 60

Order Total Price: 655.00

Item Number: M-22016-B
Item Description: Imaging Center Order Form
Revision Date: 7/2021
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: ds; full color; 50 Sheets per pad. Please order how many pads you would like. BW

McLaren
FLINT

OUTPATIENT RADIOLOGY
ORDER FORM

Appointment Date
Appointment Time

McLaren Imaging Center • Ph: 810.342.4800/Fax: 810.342.4809
McLaren MRI Ballenger Hwy • Ph: 810.235.3011/Fax: 810.235.3018
McLaren Fenton Imaging Services • Ph: 810.496.2400/Fax: 810.629.2582

PATIENT INFORMATION
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

MRI
MRI
MRA
MRV

CARDIAC
MRI HEART W/WO
MRI HEART W/O
MRI HEART VELOCITY FLOW MAP
CTA HEART W/WO
CT HEART CALCIUM
SCORING

X-RAY
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
GBL/LIVER
PROSTATE
TESTICLE (WITH COLOR FLOW IF NECESSARY)
BLADDER
THYROID
BREAST
BREAST LOCALIZATION
RENAL/KIDNEY
RENAL ARTERY
COLOR DOPPLER
AORTA
VENOUS
CAROTIDS
ARTERIAL (COLORFLOW IF NECESSARY)
EXTREMITY / MSK
OTHER
DB
ECHO
LESS THAN 10 WKS
MORE THAN 14 WKS
LIMITED
BIOPHYSICAL

CT
CT
HEAD
SOFT TISSUE NECK
SINUS
OTHER
CHEST
HIGH RES CHEST
ABDOMEN
UROGRAM
PELVIS
NEURL
RENAL STONE
C-SPINE
T-SPINE
L-SPINE
See Back of Order for Prep
CTA
AORTA
ABDOMEN
ABDOMEN/PELVIS
CAROTID/NECK
HEAD
EXTREMITY
UPPER
LOWER
R
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)
LEUCKOCYTE SCAN / BONE MARROW
RENAL (WITHOUT LASIX)
OTHER

BREAST
MAMMOGRAPHY
3D SCREENING
WITH ULTRASOUND IF NEEDED)
BILATERAL
LEFT
RIGHT
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
HYSTEROSAL/PINGOGRAM
PAIN MANAGEMENT
ARTHROGRAM

TELEPHONE REPORT
TELEPHONE REPORT
PROVIDER Signature
Date Time

IMAGE ORDER FORM

Spec Info: