

OB-GYN MEDICAL IMAGING ORDER FORM

Patient must bring this form to the appointment in order for exam to be completed.

PORT HURON

Patient Name:_____

Please circle where patient will be having exam Women's Wellness Place

(810) 985-2663

Fax (810) 987-6342

Medical Imaging (810) 989-3270 Fax (810) 987-6342

MRI (810) 989-3270 Fax (810) 987-6342

__LMP:_____Conf #:_____

Yale Community Health Ctr. (810) 387-3211 Fax (810) 387-2279

Birthdate:_____ Date/Time of Exam______ Allergies:______ _____

Reason for Exam					Exam Requested				
N97.9 Infertility					74740	Hysterosalpingogram	(Prep H)		
	1 st Trimester	2 nd Trimester	3 rd Trimester		76801	US Pregnancy < 14 weeks	(Prep E)		
Bleeding/spotting - Antepartum	026.851	026.852	026.853		76813	with fetal nuchal luceny (10-14 wks only)			
Multiple gestation	030.91	030.92	030.93		76817	with Transvaginal if needed			
Decreased fetal movement	036.8190	036.8120	036.8130			US Pregnancy < 14 weeks Multiple Gestation	s (Prep E)		
Large for dates	036.61X0	036.62X0	036.63X0	_	76813/76814				
Small for dates	036.5910	036.5920	036.5930	_	76817	with Transvaginal if needed			
Excessive maternal weight gain	026.01	026.02	026.03		76811	US Pregnancy >14 weeks & Fetal Anatomy	(Prep E)		
Insufficient maternal weight gain 026.11 026.12 026.13					76811/76812	US Pregnancy >14 weeks & Fetal Anatomy	(Prep E)		
Incompetence of cervix	034.31	034.32	034.33			Multiple Gestations			
O76. Abnormal or absent he					76805	US Pregnancy > 14 weeks	(Prep E)		
R68.89 Abnormal clinical findings Specify:						FI/Heart Rate/Placenta, no fetal anatomy sc	,		
Z36 Follow-up previous abnormal US or re-evaluation					76819	US Biophysical Profile	(No Prep)		
Z36 Malformation of fetus Specify Abnormality:									
Malposition of fetus: Breech (032.1XX0) Transverse or Oblique (032.2XX0)					Established	Due Date:	-		
☐ Maternal <16 (w/1 st pregnancy)(009.611) >35 (previous pregnancy)(009.521) age: >35 (1 st pregnancy)(009.511)									
age: 🗌 >35 (1st pregn						Other			
						Other			
DA0 Abdeminal asia Circl			4)		7/05//7/020				
R10 Abdominal pain Circle				$ \Box$	76856/76830		(Drep E)		
- 1	.12), RLQ (R10.31)	, LLQ (R10.32), E	pi (R10.13)		93976	with Transvaginal if needed	(Prep E)		
R10.2 Pelvic Pain	c				7/000	(Duplex for pain/mass)	(1) D		
R68.89 Abnormal pelvic exam	Specify:			$ \Box$	76830	US Pelvis Transvaginal (non preg)	(No Prep)		
R68.89 Abnormal physical example R19.00 Abdominal mass (unsp					93976 74177	(Duplex for pain/mass) CT Abdomen/Pelvis with Contrast	(Prep G, L)		
R19.00 Abdominal mass (unsp R19.09 Pelvic mass	Jechied)				74160	CT Abdomen with Contrast	(Prep G, L)		
R19.8 Other sign/symptom in	volving the digestiv	e system and abdom	nen		72193		(Prep G, L)		
Specify:	ivotving the digestin	e system and abdom	ilen i		/21/3	er rettis tital contrast	(110) 0, 2)		
N94.6 Dysmenorrhea									
🔲 N92.1 Metrorrhagia (unrelate	d to menstrual cycl	e)				Other			
N93.9 Uterine hemorrhage (u	inspecified)								
N95.0 Metrorrhagia (postmenopausal) N92.4 Metrorrhagia (premenopausal)									
🔲 N83.0 Ovarian cyst L R									
D25.9 Known uterine leiomyoma									
N94.89 Female genital symptoms (unspecified)									
Other symptoms:									
K81.9 Clinical findings of cho	lecystitis:				76705	US Gallbladder	(Prep A)		
R17 Jaundice (not of newborn) P59.9 Neonatal Jaundice				76700	US Abdomen - 2 or more organs	(Prep A)			
R10 Abd Pain Circle: Gen. (R10.84) RUQ (R10.11) LUQ (R10.12) RLQ (R10.31) LLQ (R10.32)					78227	NM Hepatobiliary Scan with CCK	(Prep B, R)		
Other symptoms:					72404	Other			
 D25.9 Leiomyoma (uterus - unspecified) D49.5 Neoplasm (unspecified nature) genitourinary organ 					72196	MRI Pelvis with Contrast	(Prep Q)		
 D49.5 Neoplasm (unspecified C55. Uterine CA (cervix inclu 		ry organ							
R31.9 Hematuria	udeu)				74400	Intravenous Pyelogram	(Prep D, G)		
R10.9 Flank Pain = abdominal	nain (other species	ite)			/ 4400	inciarenous ryelogi alli	(FICP D, G)		
□ N39.0 Urinary tract infection	Paul former sheer 3	,		1					
Z78.0 Postmenopausal status					77080	Bone Density	(Prep J)		
N95.1 Post-menopausal sympt					77004	David David Parishand	(Decent)		
M89.9 Disorder of bone, unspe	echied				77081	Bone Density Peripheral	(Prep J)		
Z79.52 Chronic Steroid Use E21.0 Primary Hyperparathyro	idicm					Othor			
 E21.0 Primary Hyperparathyro M81.0 Known osteoporosis 						Other			
Other symptoms:				1					
R07.9 Chest pain	□ R07.	89 Atypical Chest	Pain		71046	XR Chest Two Views	(No Prep)		
\square R05. Cough	□ R07.				710-10	An energe i no tiens	(no riep)		
R50.9 Fever	□ R07. □ R06.			1					
□ R06.02 Shortness of breath		pnea & Respiratory		1					
R09.89 Abnormal chest ausculta				1					
Other symptoms:						Other			
Physician Signature:	Physician Signature: BUN 🛛 Creatinine								
04/23 Attention Patient: Please see reverse side for exam preparation.									

Patient Prep Instructions for Medical Imaging Exams						
	Prep A:	No eating, drinking, or chewing gum 8 hours prior to exam.				
	Prep B:	Patient must not be pregnant. If nursing, please contact the Nuclear Medicine Department at (810) 989-3251.				
_	_	No radioactivity 24 hours prior to the exam.				
	Prep C:	Drink 32 ounces of any kind of fluids 1 hour prior to exam. May empty bladder if necessary. Notify ordering				
_		physician that diuretic medications should be avoided 24 hours prior to exam for optimal results.				
	Prep D:	1. On the day before the exam, follow a <u>clear</u> liquid diet.				
		2. Start the Nulytely Bowel prep kit (obtained from pharmacy with prescription from physician) at the times				
		listed below (not by box instructions).				
		3. At 3:00 p.m., swallow both Bisacodyl tablets with water. Do not chew or crush tablets or take them within one hour of taking an antacid.				
		4. At 5:30 pm, mix the Nulytely solution as per the directions on the bottle. Drink 1 (8 oz) glass every 10 minutes				
		(about 8 glasses). Drink each glass quickly rather than drinking small amounts continuously. Be sure to drink all				
		the solution.				
		5. Nothing to eat or drink after midnight. (NOTE: Exam should be done at least 5 days before an Upper GI.)				
	Prep E:	Drink 32 ounces of any kind of fluids (no milk) one hour prior to exam. Do not urinate after drinking the fluids.				
	•	(Example: If you have a 4:00 appointment, you should be finished drinking by 3:00.)				
	Prep F:	May eat or drink as usual, but do not urinate 1 hour prior to the exam as the bladder is also examined.				
	Prep G:	Advance screening and consent required. Please call (810) 989-3270 at least 48 hours prior to exam.				
	Prep H:	Exam must be performed on or before the 10 th day after onset of menstruation. Exam will not be done if patient is				
		spotting. Abstinence or contraception is necessary for 7-10 days prior to test. Screening and consent required.				
_		Please call (810) 989-3270 at least 48 hours prior to exam.				
	Prep I:	Do not wear deodorant, powder, or lotion on the breast or underarm area on the day of your appointment. Patient				
	<u> </u>	must not be pregnant.				
Ц	Prep J:	No barium, nuclear, or contrast enhanced studies 2 weeks prior to this exam.				
	Prep K:	Nothing to eat or drink 4 hours prior to exam. Drink oral contrast solution 1 hour prior to the exam. (Obtain oral				
	Prep L:	contrast from the Medical Imaging Department at McLaren Port Huron.) Drink oral contrast solution at bedtime or 4 hours before exam. (Obtain oral contrast from the Medical Imaging				
	FIEP L.	Department at McLaren Port Huron). Nothing to eat or drink after drinking the solution. Drink another dose of oral				
		contrast solution 1 hour prior to the exam. A small enema may be administered in the Medical Imaging Department				
		in order to visualize the rectum and lower bowel.				
	Prep M:	Nothing to eat or drink 2 hours prior to the exam.				
Н	Prep N:	Chest x-ray required within 18 hours of scan for comparison.				
П	Prep O:	Nothing to eat or drink for 2 hours prior to exam. Advance screening and consent required. Certain drugs interfere				
	•	with this test (Phenothiazine derivatives, Tricyclic antidepressants, CNS stimulants, psychoactive medications).				
		Confirm medication orders with your physician.				
	Prep P:	Nothing to eat or drink for 4 hours prior to exam. Bring formula to Nuclear Medicine Department to feed patient.				
_		No radioactivity 24 hours prior to the exam.				
	Prep Q:	Patient must be able to lie still for 40 minutes. Please notify the MRI Department at (810) 987-2428 if you have any				
		of the following: Cardiac pacemaker; Neurostimulator (TENS) or other implant or electronic device; known or				
		possible metal fragments in body; middle ear prosthesis/surgery; eye prosthesis/surgery, or permanent eye				
	Dree De	lenses/permanent eye liner				
	Prep R:	Nothing to eat or drink for 6 hours prior to exam. Demerol and Morphine should be avoided 12 hours prior to exam				
	Brop St	for optimal results. Confirm medication orders with your physician.				
	Prep S:	Nothing to eat or drink after 12 midnight. The drugs listed below interfere with these tests. Confirm medication orders with your physician.				
		Stress Myocardial Spect: Beta Blockers and Calcium Channel Blockers				
		Pharmacological Stress Myocardial Spect: Beta Blockers, Calcium Channel Blockers, Persantine, Theophylline (and				
		products containing Theophylline such as Constant-T, Primatene, Quibron, Slo-Phylline, Theo-Dur), and inhalers				
		used for asthma.				
	Prep T:	Certain drugs interfere with this test (thyroid medications/iodinated contrast). Confirm medication orders with				
_	•	your physician.				
	Prep U:	Nothing to eat 2 hours prior to exam and 1 hour after exam. Avoid the following for 1 week prior to exam:				
		vitamin/mineral supplements, fish/shellfish, kelp/seaweed, cough medicines/expectorants. Certain drugs				
		interfere with this test (PTU, Tapazole, SSKI, Lugols solution). Confirm medication orders with your				
		physician.				
	Prep V:	No smoking after midnight. No caffeine or products that contain caffeine (i.e. Anacin, Excedrin, colas, chocolates)				
_	_	for 24 hours prior to exam.				
Ц	Prep W:	Use a Fleets enema 2 hours prior to the exam.				
\Box	Prep X:	Drink 32 ounces of any kind of fluids 1 hour prior to the exam. May empty bladder if necessary. No smoking after				
		midnight. No caffeine or products that contain caffeine (i.e. Anacin, Excedrin, colas, chocolates) for 24 hours prior				
		to exam. Certain drugs interfere with this test (Captopril, Enalapril, Lisinopril, Micardis, blood pressure				
		medications). Confirm medication orders with your physician.				

McLaren Port Huron