MUNSON HEALTHCARE
Charlevoix Hospital
14700 Lakeshore Drive
Charlevoix, MI 49720
231-547-4024 or 800-577-0005

UNIVERSAL RADIOLOGY ORDER FORM

Hospital Use Only: Hospital # MR #

To all patients: Call your insurance company if you are not sure about insurance coverage for the test you are having

This form must be faxed to 231-547-8086 or patient must bring with them to appointment

PATIENT LEGAL NAME:	DOB:	TODAY'S DATE:
DOCUMENTED CLINICAL FINDINGS/DIAGNOSIS:		
ORDERED BY: (PHYSICIAN NAME - PRINTED)	ORDERING PHYSICIAN'S SIGNATURE:	

COMMENTS AND/OR PROCEDURES NOT LISTED:	INSURANCE:	PRE-AUTH # IF NEEDED:	SCHEDULED TEST DATE:	SCHEDULED TEST TIME:

HEAD
- □ Mandible
- □ TMJ's
- □ Facial Bones
- □ Nasal Bones
- □ Orbits
- □ Sinuses complete
- □ Sinuses-1 view
- □ Skull
- □ Mastoids
- □ Foreign body/eye (Pre-MRI)

Chest / Abdomen
- □ Chest 1 view
- □ Chest 2 view
- □ Ribs Bilat/ PA chest
- □ Ribs Uni/ PA chest
  □ Right □ Left
- □ Sternum
- □ Abdomen AP
- □ Abdomen MV
- □ Acute Abd. Series

Spine/Pelvis
- □ Soft Tissue Neck
- □ Cervical AP/Lat
- □ Cervical Flex/Ext/Neutral Only
- □ Cervical Complete
- □ Thoracic
- □ Lumbar AP/Lat
- □ Lumbar Flex/Ext/Neutral Only
- □ Lumbar Complete
- □ Pelvis
- □ Sacroiliac Joints
- □ Sacrum/Coccyx
- □ Scoliosis Series-standing

Upper Extremities
- □ AC Joints
- □ Clavicle..... □ Right □ Left
- □ Scapula..... □ Right □ Left
- □ Shoulder..... □ Right □ Left
- □ Humerus..... □ Right □ Left
- □ Elbow..... □ Right □ Left
- □ Forearm..... □ Right □ Left
- □ Wrist..... □ Right □ Left
- □ Hand..... □ Right □ Left
- □ Fingers..... □ Right □ Left

Specify finger:_____

Lower Extremities
- □ Hip..... □ Right □ Left
- □ Femur..... □ Right □ Left
- □ Knee..... □ Right □ Left
- □ Patella..... □ Right □ Left
- □ Tib/Fib..... □ Right □ Left
- □ Ankle..... □ Right □ Left
- □ Foot..... □ Right □ Left
- □ Heel..... □ Right □ Left
- □ Toes..... □ Right □ Left

Specify toe:_____

Mammography
see back for patient instructions
*Does patient have implants? Yes / No
- □ Screening (screening dx only)
- □ Diagnostic Bilat (must provide dx)
- □ Unilateral..... □ Right □ Left
- □ Needle Localization

Specify:_____
- □ Ductogram

** Ultrasound as clinically indicated **

Bone Density
see back for patient instructions
- □ Spine/ Hip
- □ Peripheral (forearm or heel only)

Bone Surveys
- □ Bone Age
- □ Metastatic
- □ Pediatric Anomaly

Gastrointestinal
see back for patient instructions
- □ Esophagram
- □ Video Swallow (Modified)
- □ Barium Enema
- □ BE w/air
- □ UGI
- □ UGI Small Bowel
- □ Small Bowel

Genitourinary
see back for patient instructions
- □ IVP
- □ IVP w/tomo
- □ Cystogram
- □ Voiding Cystogram
- □ Bead Chain Cystogram

BUN_____CREAT_____
Steroid Prep Given? Yes / No

Miscellaneous
see back for patient instructions
- □ Hysterosalpingogram
- □ Venogram *Specify:*_____
- □ Arthrogram *Specify:*_____
- □ Myelogram- Cervical w/CT
- □ Myelogram-Thoracic w/CT
- □ Myelogram-Lumbar w/CT
- □ Myelogram-Complete w/CT
- □ Other
  Specify:_____

Ultrasound
see back for patient instructions
- □ Abdomen Complete (gallbladder, pancreas, liver, spleen)
- □ Retroperitoneal
  □ Renal □ Aorta □ Other
  Specify:_____
- □ Pelvis (non-OB)
  T.V. if clinically indicated
- □ Breast □ Right □ Left
- □ Infant Hips
- □ Thyroid
- □ Scrotum
- □ Extremity Non-Vascular
  Specify:_____
- □ Invasive Ultrasound (i.e. Para/Thoracentesis, Biopsy or Cyst Aspiration, Needle loc.)
  Specify:_____
- □ Other:_____

OB
LMP_____
Unknown
Estimated Due Date:_____
- □ Pregnancy *T.V. if clinically indicated*
- □ Bio Physical Profile
- □ Amniocentesis
  - □ Genetic
  - □ Lung Maturity
- □ Doppler Umbilical Artery

Nuclear Medicine
see back for patient instructions
- □ Bone Scan (with plain films of (+) areas if indicated)
  - □ Whole Body
  - □ 3 Phase
  - □ SPECT
  - □ LTD _____
- □ Myocardial (Cardiolite)
- □ Perfusion Imaging
  □ Treadmill □ Lexiscan
- □ MUGA
- □ Local. of Infection
  - □ *Gallium 67*
  - □ *IN 111/TC 99m WBC Scan*
- □ Local. of Tumor
  - □ *Gallium 67*
  - □ *OctreoScan*
  - □ *OncoScint/CEA*
- □ Miraluma (Breast)
- □ Lung Scan V/Q
- □ Hepatobiliary (HIDA)
- □ I123 Thyroid *Uptake and Scan*
- □ Gastric Emptying
- □ Renal Scan
- □ Thyroid Scan (Tc99m)
- □ Parathyroid
- □ Liver/SPECT (e.g. Hemangioma)
- □ Bowels/Meckels
- □ Sentinal Node Biopsy
- □ Other:_____

Charlevoix Hospital Radiology Preparation Form

*****Please follow these instructions carefully. Failure to follow may result in the need to reschedule your exam. Please call the Radiology Department if you have any questions: 231-547-8598 or 1-800-577-0005.*****

Gastrointestinal:

□ **Barium Enema:** Obtain Tridate Kit from the doctor's office or hospital x-ray department and follow the enclosed instructions. The prep must be started 24 hour prior to the exam time. This exam takes approximately one hour.

□ **Esophagram/ Upper GI/ Small Bowel Studies:** Nothing to eat or drink after midnight prior to exam. Esophagram and UGI studies usually take less than an hour. Small bowel studies may take several hours.

Genitourinary:

□ **Intravenous Pyelogram (IVP):** Obtain Tridate Kit from doctor's office or hospital x-ray department and follow the enclosed instructions excluding the suppository. This exam takes approximately one hour, however, delay imaging may be warranted. If patient has a history of kidney problems, diabetic, or is 60 years old or more labs must be drawn (BUN & CREAT) prior to test day. If allergic to Iodine then patient must be given 24 hour steroid prep for allergic reaction (starts day before test). Doctor's office may call x-ray department for steroid prep procedure.

Bone Density:

□ **Spine/Hip:** Do not take calcium, vitamins, Tums, Rolaids or any supplements for 24 hours prior to exam time.

Mammogram:

□ **All Exams in this category:** Do not use powders, deodorants or creams on your underarms or breasts since these may interfere with the study. Any previous films are required for exam.

□ **Needle Localization:** Follow facilities surgical guidelines for preparation.

Nuclear Medicine:

□ **Bone Scan:** The exam will be done approximately 3 hours after the injection. You may leave the facility during the waiting period - no restrictions - drinks lots of water- the exam will take approximately one hour when you return. **Any recent xrays done other than at Charlevoix Hospital should be brought with patient on the day of exam or sent to the hospital prior to test day so that we have them for the day of the test.**

□ **Hepatobiliary Imaging/Gastric Emptying Scan:** Nothing to eat or drink 4 hours prior to exam. These exams take a minimum of 1½ hours.

□ **I123 Thyroid Uptake & Scan:** Must be off all Thyroid medications 4 weeks prior to exam. No IV contrast exams for 4 weeks prior to exam. You will be given I123 capsule at the time your procedure is scheduled. May be asked to return 2-6 hours later for the uptake procedure which takes about 15 minutes. Return to department the following day for the remaining scan which takes about ½ hour.

□ **Myocardial Perfusion Imaging:** Nothing to eat, drink or smoke 4 hours prior to exam. No caffeine products 24 hours prior. Bring list of medications and take them with sip of water unless otherwise instructed by your physician. This multiple stage exam takes approximately 4 hours.

Ultrasound:

□ **Pregnancy or Pelvic:** Requires a full bladder. Drink 32 ounces of liquid 1 ½ hours before the examination. Do not urinate until after the exam. The exam usually takes one hour.

□ **Abdomen(Gallbladder, liver, pancreas, spleen) and Retroperitoneal(aorta, kidneys, bowel, nodes):** Nothing to eat or drink for 8 hours before your exam. This includes NO oral medications until after the exam.

□ **Invasive(Paracentesis/Thoracentesis/Biopsy/Cyst Aspiration):** Follow facilities surgical guidelines for preparation. Need lab values for PT & PTT.

Miscellaneous:

□ **Myelogram:** Follow facilities surgical guidelines for preparation. Nothing to eat or drink after midnight.

□ **Arthrogram:** Nothing to eat or drink 4 hours prior to test.

□ **Venogram:** Nothing to eat or drink 4 hours prior to test. If patient has history of kidney problems, diabetic, or 60 years old or more must have labs drawn (BUN & CREAT) prior to test day. If allergic to Iodine then patient must be given 24 hour steroid prep for allergic reaction (starts day before test). Doctor's office may call x-ray for steroid prep procedure.