



# Northland Radiology

Diagnostic Imaging Center

20905 Greenfield, Suite 105 • Southfield, MI 48075  
Tel: (248) 569-0296 • Fax: (248) 569-3390

## Diagnostic Imaging Requisition Form

**Same Day/Next Day  
Appointments Available**



CareCore  
NATIONAL

MED/SOLUTIONS  
INTELLIGENT COST MANAGEMENT



AIM  
American Imaging Management  
MOA

Date	Referring Physician	Phone	Send Report To:	<b>ARRIVE 30 MIN PRIOR TO APPT. TIME</b>
Patient Name			Fax:	
Patient Phone		DOB	Preliminary Diagnosis	<b>BRING THIS SLIP WITH YOU</b>

### Nuclear Medicine

- ☐ Nuclear Stress Test w/ Functions (SPECT)  
☐ Persantine w/Above  
☐ MUGA with First Pass  
☐ Bone Scan -Whole Body -3-Phase Attn: \_\_\_\_\_ SPECT  
☐ Renal Scan w/Flow  
☐ Liver/Spleen Scan SPECT  
☐ HIDA (Gallbladder)  
☐ Tc-99m Thyroid Scan  
☐ I-123 Thyroid Uptake & Scan (2-day procedure)  
☐ Scintimammography  
☐ Gallium Scan  
☐ Brain Scan w/Dynamic Flow and SPECT  
☐ Testicular Scan  
☐ Other SPECT Scans: \_\_\_\_\_

Patients who do not show up for their appointments and fail to give 24-hr notice will be charged \$200

Patient Initials: \_\_\_\_\_

### Bone Densitometry

- ☐ DEXA Scan

### Cardiovascular

- ☐ 2-D Echocardiogram w/ Colorflow Doppler  
☐ Venous Doppler \_\_\_\_\_ Upper \_\_\_\_\_ Lower  
☐ Arterial Doppler \_\_\_\_\_ Upper \_\_\_\_\_ Lower  
☐ Transcranial Doppler  
☐ Abdominal Doppler Specify \_\_\_\_\_  
☐ Carotid Doppler Duplex Colorflow  
☐ Renal Doppler  
☐ Stress Echocardiogram  
☐ EKG  
☐ Holter Monitor

### MRI / MRA

- ☐ MRI ☐ MRA

Body Parts: \_\_\_\_\_

- \_\_\_\_\_ with Contrast  
 \_\_\_\_\_ without Contrast  
 \_\_\_\_\_ with and without Contrast

### Breast Health

- ☐ Digital Mammogram  
☐ Cone Compression  
☐ Magnification Views  
☐ Breast Ultrasound  
☐ Breast Biopsy
- ☐ Check here if you  
 give permission for  
 further diagnostic test-  
 ing as recommended by  
 Radiologist

### Neurology

- ☐ EMG w/ NCV and consult  
☐ VAT Balance Testing

### Ultrasound

- ☐ Abdominal Attn: \_\_\_\_\_  
☐ Retroperitoneal Attn: \_\_\_\_\_  
☐ Transvaginal / Pelvic  
☐ OB / Pelvic  
☐ Prostate / Transrectal  
☐ Thyroid  
☐ Breast Attn: \_\_\_\_\_  
☐ Soft Tissue Mass Attn: \_\_\_\_\_  
☐ Rotator Cuff  
☐ Aortic Doppler  
☐ Other: \_\_\_\_\_

### Breast Biopsy Consult

- ☐ Ultrasound-Guided Biopsy Consult

### 40-Slice CT/CTA

- ☐ 40-Slice CT Scan ☐ CTA

Body Parts: \_\_\_\_\_

- \_\_\_\_\_ with Contrast  
 \_\_\_\_\_ without Contrast  
 \_\_\_\_\_ with and without Contrast

### X-Ray

Walk-Ins Welcome

- |                                       |                                               |
|---------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Skull        | <input type="checkbox"/> Spine - Complete     |
| <input type="checkbox"/> Sinuses      | <input type="checkbox"/> Cervical Spine       |
| <input type="checkbox"/> Nasal Bones  | <input type="checkbox"/> Dorsal Spine         |
| <input type="checkbox"/> Facial Bones | <input type="checkbox"/> Lumbosacral Spine    |
| <input type="checkbox"/> T-M Joints   | <input type="checkbox"/> Sacrum/Coccyx        |
| <input type="checkbox"/> Clavicle     | <input type="checkbox"/> Pelvis               |
| <input type="checkbox"/> Scapula      | <input type="checkbox"/> L R Hip              |
| <input type="checkbox"/> AC Joint     | <input type="checkbox"/> L R Thigh-Femur      |
| <input type="checkbox"/> Ribs         | <input type="checkbox"/> L R Knee             |
| <input type="checkbox"/> Chest        | <input type="checkbox"/> L R Leg - Tib/Fibula |
| <input type="checkbox"/> Abdomen      | <input type="checkbox"/> L R Ankle            |
| <input type="checkbox"/> L R Humerus  | <input type="checkbox"/> L R Foot             |
| <input type="checkbox"/> L R Elbow    |                                               |
| <input type="checkbox"/> L R Forearm  | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> L R Wrist    |                                               |
| <input type="checkbox"/> L R Hand     |                                               |

<b>Appointment</b>  Date _____ Time _____	<b>Please Indicate if Patient has</b> <input type="checkbox"/> BCN <input type="checkbox"/> PPO <input type="checkbox"/> HMO (other)	<b>Reason For Ordering Test / Medical Necessity</b>
		Physician Signature _____ Date _____

Northland Radiology is committed to protecting patient privacy and abiding by all healthcare regulations including those set forth by HIPAA.

## Preparations for Adult Patients

If patient is: a child, diabetic, suspected of having a bowel obstruction, or some other special problem, consult your physician or radiologist for any changes in the preparations below. Please call with any questions or concerns pertaining to the preparations.

### Nuclear Medicine

#### Treadmill Stress/Myoview Stress Test

This test looks at the vessels surrounding your heart to make sure they are receiving adequate blood flow. The test takes approximately 3 hours. You should have nothing to eat or drink for 4 hours prior to your appointment time. If you are diabetic, you may have a light breakfast 2 hours prior to test consisting of toast, oatmeal or cereal and juice. No caffeine 12 hours prior to test. No smoking the day of test. Wear comfortable clothing and shoes to walk on the treadmill. Bring reading material as there are times when we need to wait for the injection to circulate. We will be placing an IV access line in a vein of your arm to give you 2 injections of a small amount of a radioactive material called a tracer. This is not a dye and does not contain iodine. There are no side effects or reactions to this injection. It will not interfere with any medications you are taking. We prefer that you do not take beta-blocker medication the day of your test; however, please consult your physician before discontinuing any medications.

#### Persantine Stress Test

Please call 248-569-0296 for preparatory instructions

##### I-123 Thyroid Uptake and Scan (2 day test)

- No seafood or cough medicine 2 days prior to examination
- Nothing to eat for 2 hours prior to the examination.
- Stop all thyroid medication 1 month prior to the examination.  
Please consult physician.
- No iodine contrast procedures for 6 weeks prior to exam.

##### Tc99m Thyroid Scan

- No thyroid medication for 4 weeks. Please consult physician
- No Iodine contrast procedures for 6 weeks prior to exam.

##### HIDA (Gallbladder)

- Nothing by mouth 4 hours before examination
- No Smoking or Gum Chewing

##### Gallium Scan

To complete test, you will be returning to our facility for at least 4 consecutive days.

**Renogram/Renal Scan (30 min), Bone Scan (3-4 hr),  
Brain Scan (1-2 hr), Liver/Spleen Scan (1 hr),  
Testicular Scan (30 Min), MUGA (45 min)**

No preparation necessary

### MRI / MRA

Wear comfortable loose clothing or patient gowns will be provided. Remove all metal or metallic objects from your body before scanning, such as jewelry, watches, snaps, zippers, safety pins, keys or credit cards.

### Digital Mammography

- Do not use any deodorant, body powder or lotions the day of the exam.
- Take a sudsy shower morning of exam
- Bring previous (if any) mammogram files

### Holter Monitor

- Wear front opening garment
- Ladies: half-slip only!
- Do not use any body powder or lotions the day of the exam.
- Take a sudsy shower morning of exam
- You may use underarm deodorant

### EMG

- Do not use any body powder or lotions the day of the exam.
- Take a sudsy shower the morning of the exam.

### Ultrasound

#### Abdominal / Retroperitoneal

- Nothing by mouth 6 hours before exam
- No smoking or chewing gum

#### Pelvic / Gynecological

- Drink 40 oz. of liquid 90 minutes before the exam.
- DO NOT URINATE UNTIL AFTER THE EXAM**

#### Prostate

Fleet Enema 2 hours prior to exam

### CT/CTA

**Please Call (248) 569-0296 for full preparatory instructions**

If the patient is diabetic they should stop taking Glucophage, Glucovance or Metformin for 48 hours after the CT exam and should have a BUN / Creatinine check before resuming their medication.

#### Head and Facial

- No food or drink at least 2 hours prior to exam
- No oral contrast given for this exam
- IV required

#### Neck / Chest

- No food or drink at least 4 hours prior to exam
- No oral contrast given for this exam
- IV may be required

#### Abdominal / Pelvic

- No food or drink at least 12 hours prior to exam
- You'll be given 1-2 bottles of oral contrast to be taken 1 hour before this exam
- Finish drinking within 10 minutes
- IV required
- No barium studies at least 48 hours before exam

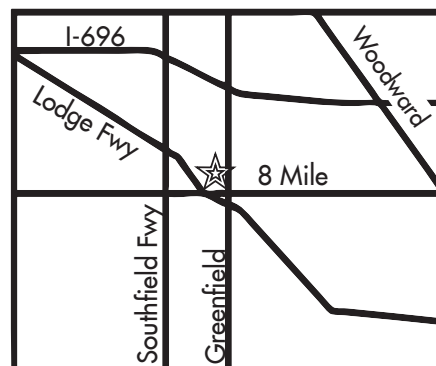
#### Spine

- Before the CT exam, patient must have an AP and lateral of the applicable portion of the spine.
- No prep for this examination
- If you've had neck or spine x-rays some place else, please bring them with you.
- No barium studies at least 48 hours before exam

#### Upper / Lower Extremities

NOTE: No special prep required unless diagnosis is for "rule out tumor"; then use the following prep

- No food or drink at least 4 hours prior to exam
- No oral contrast given for this exam
- IV may be required



#### Northland Medical Building

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