

**IMPORTANT NOTICE:
BRING THIS FORM AND YOUR
MEDICAL INSURANCE
INFORMATION.
SEE OTHER SIDE FOR DIRECTIONS
TO THE SITE YOU ARE SCHEDULED
FOR YOUR TEST AND FOLLOW TEST
PREPARATIONS. THANK YOU.**



Payment expected at time of service, including copays and deductibles.



PLEASE CALL 24 HOURS IN ADVANCE TO PICK UP FILMS, 732-1846 • GENERAL X-RAYS DO NOT REQUIRE AN APPOINTMENT MONDAY-FRIDAY GENERAL X-RAY WALK-IN HOURS AT ALL LOCATIONS 8-5. FOR ALL OTHERS, PLEASE CALL FOR APPT.

- | | | | | | |
|---|--|--|--|--|--|
| <input type="checkbox"/> MAIN OFFICE
<input type="checkbox"/> MRI CENTER
3346 Lennon Rd.
Flint, MI 48507
(810) 732-1919
Fax (810) 732-1945 | <input type="checkbox"/> FENTON
221 W. Roberts St.
Fenton, MI 48430
(810) 629-4192
Fax (810) 629-4196 | <input type="checkbox"/> GRAND BLANC
8483 Holly Rd.
Grand Blanc, MI 48439
(810) 694-8201
Fax (810) 694-8234 | <input type="checkbox"/> VILLA LINDE
5059 Villa Linde Pkwy.
Suite 25
Flint, MI 48532
(810) 732-8870
Fax (810) 732-2107 | <input type="checkbox"/> DAVISON
1141 S. State Road
Suite 26
Davison, MI 48423
Hours: M-F 8:00-4:30
(810) 658-4454
Fax (810) 658-2226 | Billing Questions
(810) 244-3871
Medical Records
(810) 732-1846
Preregistration
(810) 244-7100 |
|---|--|--|--|--|--|

PATIENT _____ APPOINTMENT DATE _____ TIME _____ AM
 PM
 DOB ____ / ____ / ____ CLINICAL DATA _____

X R A Y **X-RAY** _____ **WITH ATTN. TO:** _____ **LOCATIONS: M F G V D**

MAMMOGRAM SCREENING (WITH ULTRASOUND AND/OR BSGI IF NECESSARY) DIAGNOSTIC (WITH ULTRASOUND AND/OR BSGI IF NECESSARY) BSGI

FLUOROSCOPY BARIUM ENEMA UPPER GI SMALL BOWEL BARIUM SWALLOW IVP VCUG

BONE DENSITOMETRY L-S SPINE / HIP WRIST / FOREARM

U S **ULTRASOUND** ABDOMEN (INCLUDES: LIVER, SPLEEN, PANCREAS, AND GALLBLADDER) GALLBLADDER ONLY KIDNEYS

PROSTATE FETAL (WITH TRANSVAGINAL IF NECESSARY) PELVIC (WITH TRANSVAGINAL IF NECESSARY) BREAST THYROID

BREAST CYST ASPIRATION ULTRASOUND GUIDED BREAST BIOPSY OTHER _____

COLOR DOPPLER AORTA CAROTIDS ARTERIAL VENOUS UPPER/LOWER EXTREMITY – RT / LT

M R **MR** NEURO MR _____ MR BREAST W/ 3D RENDERING _____

MUSCULO-SKELETAL MR _____ MRA (ARTERIAL) _____

BODY MR _____ MRI GUIDED BIOPSY _____

ALL MRI EXAMS REQUIRE SCREENING ORBITS IF MEDICALLY NECESSARY

P E T / C T SKULL TO MIDTHIGH TOTAL BODY BRAIN METABOLISM **Paperwork extremely important
Please fax to 1-800-310-0634**

C T **CTA** AORTA CAROTID RUN OFFS **LOCATIONS: M F G**

CT HEAD CHEST ABDOMEN ONLY PELVIS ONLY ABDOMEN & PELVIS COMBINED

SINUS CERVICAL SPINE THORACIC SPINE LUMBAR SPINE RENAL STONE CT NECK SOFT TISSUE

N U C L E A R **NUCLEAR BONE SCAN** TOTAL BODY (WITH X-RAYS/SPECT IF NECESSARY) SPOTS _____

THREE PHASE _____ SPECT _____

NUCLEAR THYROID UPTAKE WITH SCAN SCAN ONLY HYPERTHYROID TREATMENT

NUCLEAR RENOGRAM HYPERTENSIVE RENOGRAM RENOGRAM ONLY

OTHER NUCLEAR LIVER / SPLEEN HIDA (WITH ULTRASOUND IF NECESSARY) PARATHYROID MUGA

S P E C **SPECIALS** CT/MYELOGRAPHY STEREOTACTIC BREAST BIOPSY **LOCATION: MAIN ONLY**

ULTRASOUND BREAST BIOPSY ARTHROGRAPHY SIALOGRAPHY

HYSTEROSALPINGOGRAPHY GALACTOGRAPHY NEEDLE BIOPSY-THYROID

TELEPHONE REPORT (HOLD PATIENT) # _____ FAX REPORT # _____

TELEPHONE REPORT (RELEASE PATIENT) # _____ PHYSICIAN _____

DIRECTIONS

Please follow instructions checked below. Proper preparation is important for good examination and your personal comfort. **Please bring this form and your medical insurance with you at the time of your examination.**

UPPER GI / SMALL BOWEL

- Nothing to eat or drink after 10 P.M., including no gum or hard candies.
- No breakfast on the day of the examination

BARIUM ENEMA - COLON EXAM

- Eat a light lunch the day before the examination. Clear liquids for dinner. **WATER ONLY AFTER DINNER.**
- Large glass of water at 2, 4, 8 and 11 P.M.
- At 7 P.M. take one 10 oz. bottle of Magnesium Citrate (cold for better taste).
- At 8 P.M. take 4-6 Dulcolax Tablets.
- NOTHING TO EAT OR DRINK AFTER MIDNIGHT, INCLUDING NO GUM OR HARD CANDIES.** The Bowel must be clean for a comfortable examination.

ULTRASOUND FETAL OR PELVIC

- Patient needs to come in with a full bladder.
- Please drink 36 oz. of water and have it finished 1 hour prior to exam time.
- DO NOT URINATE ONCE YOU HAVE STARTED DRINKING, UNTIL AFTER YOUR EXAM.**

US KIDNEY - ADULTS

- Nothing to eat 4 hours prior to exam.
- Patient needs to come in with full bladder.
- Please drink 36 oz. of water and have it finished 1 hour prior to exam time.

- CHILDS PREP FOR PELVIC AND/OR KIDNEY**
Call for prep if patient is 15 years of age or under.

ULTRASOUND PROSTATE

Fleets enema (pharmacy) 1 hour prior to exam.

ULTRASOUND ABDOMEN: LIVER - GALLBLADDER - PANCREAS - AORTIC

- The day before the examination, dinner must contain no fried foods, dairy products or meats (no fatty foods).
- Nothing to eat or drink after midnight, including no gum or hard candies.

IVP - INTRAVENOUS PYELOGRAM

- Eat a light lunch. Only clear liquids for dinner.
- Drink a large glass of water at 2, 4, 8, and 11 P.M. the day prior to the examination.
- Drink one 10 oz. bottle of Magnesium Citrate (cold) at 7 P.M.
- Nothing to eat or drink after midnight, including no gum or hard candies.

HEPATOBILIARY SCAN (KINEVAC / HIDA SCAN)

- Nothing to eat or drink for 4 hours prior to exam, including no gum or hard candies.
- Do not take any form of medication for 4 hours prior to exam.

FOR ALL OTHER EXAMINATION INSTRUCTIONS OR PREPARATION FOR CHILDREN UNDER THE AGE OF 10 YEARS, PLEASE CALL OUR OFFICE.

CT SCAN - SPINE OR EXTREMITIES

- No prep necessary.

CT SCAN - HEAD OR CHEST

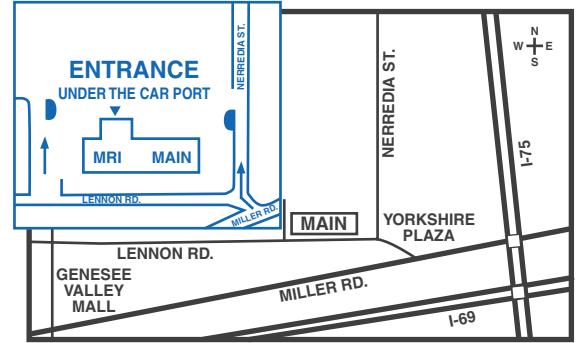
- Nothing to eat or drink 3 hours prior to exam.
- May take all medications.

CT SCAN - ABDOMEN AND/OR PELVIS

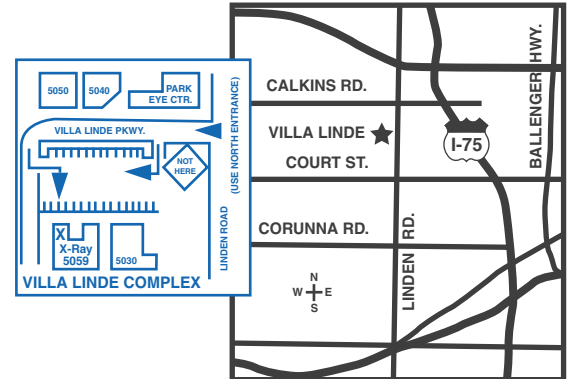
- Drink half of Rendi-Cat at bedtime.
- Drink remaining half of Rendi-Cat 2 hours prior to exam.
- Nothing to eat or drink 3 hours prior to exam except **Rendi-Cat**.
- Additional Rendi-Cat will be given just prior to exam.

MRI/MRA CENTER

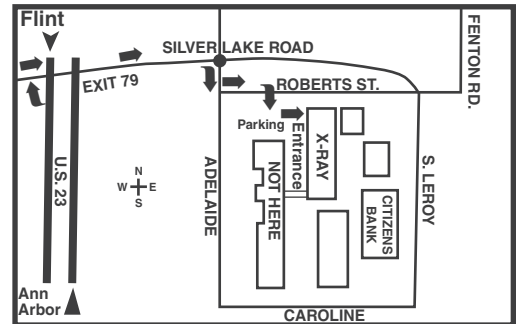
- Call us immediately if you have a pacemaker, defibrillator, aneurysm clips, or if you are pregnant, have a history of metal in your eyes, or have had brain, eye, ear or open-heart surgery.
- There is not a prep for MRI. You may eat, drink and take medications prior to the examination.
- MRI scans may be subject to contrast injection. This contrast is called Gadolinium and is **NOT** the same contrast that is injected for CAT scans, IVP's, heart catheterizations or the majority of other tests performed by radiologists.
- You should expect to be at our facility for 1-1½ hours total time (including registration and examination).
- Our MRI scanner is specially designed to significantly decrease the problem of claustrophobia. Do not hesitate to discuss this issue with our technologist prior to the examination. The average time of an MRI scan is 20 to 30 minutes.
- It is suggested that you wear sweat suits and that women wear sports bras.
- You should arrive for your examination with as little metal on you as possible. Any implants or prostheses should be approved by the Scheduling Department for MRI compatibility prior to the exam. Body piercings should be removed prior to the examination. Wedding rings may be left on.
- A patient who is unable to provide a complete medical history should be accompanied by a family member or caregiver.
- Please note if the time of your examination is A.M. or P.M.
- Please provide a current phone number or cell phone number where you can be reached should questions arise after you leave our office.



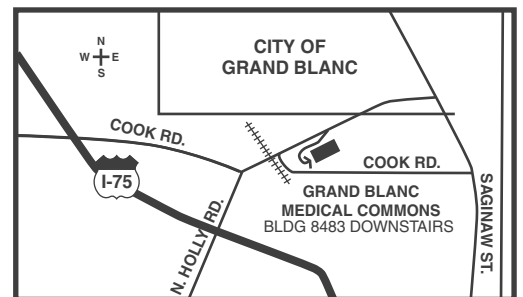
MAIN OFFICE • MRI CENTER



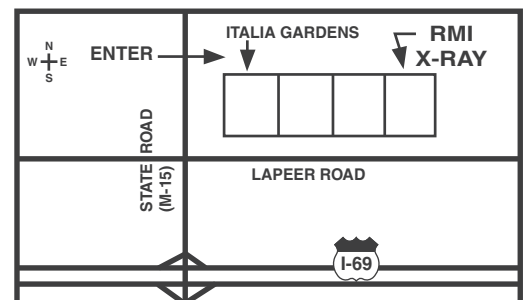
VILLA LINDE - FLINT



FENTON



GRAND BLANC



DAVISON