



Northland Radiology

Diagnostic Imaging Center

Diagnostic Imaging Requisition Form

7445 Allen Rd, Suite 120 • Allen Park, MI 48101
 Tel: (313) 388-9541 • Fax: (313) 388-9554



**Same Day/Next Day
 Appointments Available**

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

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: _____

MRI / MRA

Southfield Office Only (248) 569-0296

MRI
 Specify: _____
 ___ with Contrast
 ___ without Contrast
 ___ with and without Contrast

MRA
 Specify: _____

40-Slice CT/CTA

40-Slice CT Scan
 Specify: _____
 ___ with Contrast
 ___ without Contrast
 ___ with and without Contrast

40-Slice CTA
 Specify: _____

Digital Mammography

Digital Mammogram
 Cone Compression
 Magnification Views
 Scintimammography

Check here if you give permission for further diagnostic testing as recommended by Radiologist

Neurology

EMG w/ NCV Specify: _____
 Evoked Potential

Bone Densitometry

DEXA Scan

X-Ray

By Appointment only

Skull
 Sinuses
 Nasal Bones
 Facial Bones
 T-M Joints
 Clavicle
 Scapula
 AC Joint
 Ribs
 Chest
 Abdomen
 L R Humerus
 L R Elbow
 L R Forearm
 L R Wrist
 L R Hand

Spine - Complete
 Cervical Spine
 Dorsal Spine
 Lumbosacral Spine
 Sacrum/Coccyx
 Pelvis
 L R Hip
 L R Thigh-Femur
 L R Knee
 L R Leg - Tib/Fibula
 L R Ankle
 L R Foot
 Other _____

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

Ultrasound

Abdominal Attn: _____
 Retroperitoneal Attn: _____
 Transvaginal / Pelvic
 OB / Pelvic
 Prostate / Transrectal
 Male Pelvic
 Thyroid
 Breast Attn: _____
 Soft Tissue Mass Attn: _____
 Scrotum
 Rotator Cuff
 Achilles Tendon

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

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

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

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

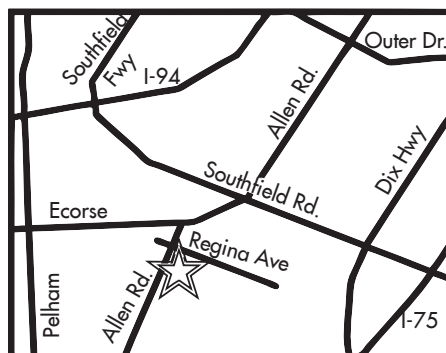
- Do not use any deodorant, body powder or lotions the day of the exam.
- Take a sudsy shower morning of exam
- Bring previous (if any) mammogram files

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.



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