☐ STAT: Patient may be released.

☐ STAT: Hold Patient & Call results to: ____________________

RADIOLOGY
Trinity Health Grand Rapids

Name:____ DOB:____________________

Patient Phone #: ____________________________ Ins. Authorization #:______________________________

Has an appointment on:______________________time________am/pm

APPT AT: ____SAINT MARY'S ____SOUTHWEST ____EAST BELTLINE ____ROCKFORD ____HUDSONVILLE

For the following procedure(s)____

Chief Complaint/Sign/Symptom: ____

____

Ordering Physician (print): ____ **ICD-10 Code:** ______________

Physician Signature:____ Today's Date: __________________ Time: ________

Has the patient had previous imaging studies on this area of the body? Yes / No Facility Performed? ____________________

CT

Exam Instructions

☐ **CT Angiography**
☐ **W/Contrast**
☐ **W/O Contrast**

☐ Brain
☐ Chest
☐ Extremity: Rt/Lt ______________
☐ Sinuses

☐ Abdomen
☐ Pelvis
☐ **Other:** ______________________

☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine

Exam Q's

Is patient allergic to Iodine? ☐ **Yes** ☐ **No**

☐ Exam requires conscious sedation

Is patient Diabetic and taking Glucophage? ☐ **Yes** ☐ **No** If Yes, call Centralized Scheduling

BONE DENSITY DEXA

(circle reason)

Screening/Dx Surgical

Post Menopausal Organic

MRI

☐ **Breast**

Spine
☐ Cervical
☐ Lumbar
☐ Thoracic

Extremity
☐ Upper Rt / Lt
Site: ____________
☐ Lower Rt / Lt
Site:____________

Head
☐ Acoustic
☐ Brain W/WO
☐ Brain W/WO SRS
☐ Orbits
☐ Temporal Lobe
☐ Pituitary
☐ W & W/O Contrast
☐ W/O Contrast
☐ **Other:** ____________

Abdomen
☐ Adrenals
☐ Kidney
☐ Liver
☐ MRCP
☐ Pelvis

Exam Q's

Patient Weight:________

☐ Works with metal- see X-Ray order

Does the patient have:

☐ Pacemaker ☐ Aneurysm Clips

☐ Exam requires conscious sedation (Call Centralized Scheduling)

MRA

☐ Aortic Arch
☐ Brain (ICA)
☐ Descending Aorta
☐ Extremity: Rt/Lt ____________

☐ **Other:** ______________
☐ Carotids (ECA)
☐ Pelvis

ARTHROGRAM (circle one)

MRI / Xray **Lt / Rt**

Elbow Knee Wrist

Hip Shoulder

Nuc. Med

Cardiac Perfusion
☐ GXT
☐ Pharmaceutical Stress (Myoview)
☐ Treadmill Stress (Myoview)
☐ MUGA

Hepatobiliary (HIDA)
☐ w/ Kinevac
☐ w/o Kinevac

Bone Scan
☐ Total Body
☐ 3 Phase
☐ Limited
☐ SPECT/CT

☐ Brain Scan
☐ Liver Spect.
☐ Lung Scan VQ
☐ Renal

Thyroid
☐ Uptake Only
☐ Uptake & Scan

Is patient taking medication with iodine? Yes No

☐ **Other:** ______________

Ultrasound

☐ Aorta
☐ Abd Ltd
☐ Abd Comp
☐ Prostate
☐ Testicles
☐ Pelvis w/EV
☐ Pelvis w/o EV
☐ Thyroid
☐ Biopsy
Site: __________

☐ Carotid Doppler ☐ Arterial Legs(ABI)
☐ Venous: Arm / Leg R / L / Bilat
☐ Kidneys w/o Bladder
☐ Kidneys w/ Bladder
☐ Kidneys TX w/Dop.
☐ Kidneys TX w/o Dop.
☐ Kidneys w/Native Renal Dop.
☐ Liver Dop. ☐ Mesenteric Artery
☐ **Other:** ____________________

OB Multiple Gest:
☐ < 14 wks Y N Circle one
☐ > 14 wks complete ☐ Cord Doppler
☐ > 14 wks follow up ☐ AFI
☐ Cerv. Length ☐ BPP
☐ Fetal Position ☐ Placenta

Fluoro

☐ Barium Enema
☐ Esophogram
☐ Video Swallow
☐ Lumbar Puncture

☐ Small Bowel
☐ UGI/UGI w/SBFT
☐ Cystogram/Voiding
☐ Other: ____________

☐ **Myelogram**
Cervical/Lumbar
Thoracic/Complete

X-Ray

Walk-ins Only

Instructions:(circle one):2-3 Views / Complete Right/ Left/ Bilat/ Bending/ Flex Ext/ Standing

☐ Abdomen w/ obliques
☐ Abdomen Series
☐ Abd. 1 view (KUB)
☐ Chest 2-views
☐ Chest 1-view (AP)
☐ **Other:** ____________________

☐ Facial Bones
☐ Orbits- MRI
☐ Skull
☐ Soft Tissue Neck
☐ Sinus

☐ AC Joints
☐ Clavicle
☐ Shoulder
☐ Humerus
☐ IVP

☐ Elbow
☐ Forearm
☐ Wrist
☐ Hand
☐ Finger # ______

☐ Hip
☐ Femur
☐ Knee
☐ Tib/Fib
☐ Ankle
☐ Foot
☐ Toe # _____

☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar Spine
☐ Sacrum/ Coccyx
☐ Pelvis
☐ SI Joints
☐ Scoliosis

Additional Comments: