McLaren Business Products

McLaren Print System Order

Order No: 49138 Reprint Previous Order No: 9439
Order Date: 2019-10-01
User: Lisa Ardanowski
Phone: 810-768-2073

Ship Location: McLaren Surgery and Endoscopy Center Attn: Lisa Ardanowski
501 S. Ballenger Hwy
Flint, MI 48532
Forms
Quantity: 25
Paragon Dept No: 30014
Dept Name: Surgery and Endoscopy Center Pain Clinic
Company Number: 60

Order Total Price: 327.50

Item Number: M-22016-B
Item Description: Imaging Center Order Form
Revision Date: 5/2018
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: ds; full color; 50 Sheets per pad. Please order how many pads you would like. BW

McLaren
FLINT

OUTPATIENT RADIOLOGY
ORDER FORM

Appointment Date
Appointment Time

McLaren Imaging Center
McLaren MRI Ballenger Hwy

PATIENT INFORMATION
Patient Name
DOB
Height
Weight
PATIENT PHONE
INSURANCE
PRE-AUTHORIZTION NUMBER
DIAGNOSIS/REASON FOR EXAM (PLEASE INCLUDE LATERALITY, SPECIFIC SITE)
ORDERING PROVIDER (PRINT NAME)
OFFICE CONTACT

MRI
PET
INITIAL STAGING
SUBSEQUENT
SKULL TO MID THIGH
WHOLE BODY (MELANOMA)
MYOCARDIAL VIABILITY
BRAIN ALZHEIMERS/DEMENTIA
NAF BONE SCAN
GALLIUM-GA 68 DOTATATE

X-RAY
FLUOROSCOPY
BARIUM SWALLOW
VIDEO ESOPH
UGI
SB
BE
IVP
VCUG
CYSTOGRAM
GENERAL X-RAY, NO APPOINTMENT NEEDED
See Back of Order for Prep

US
PELVIC (WITH TRANS VAG IF NECESSARY)
TESTICLE (WITH COLOR FLOW IF NECESSARY)
RENAL/KIDNEY
ABDOMEN
GBA/LIVER
BLADDER
BREAST LOCALIZATION
RENAL ARTERY
PROSTATE
THYROID
BREAST
COLOR DOPPLER:
AORTA
VENOUS
CAROTIDS
ARTERIAL (COLORFLOW IF NECESSARY)
OTHER
OB
ECO
LESS THAN 10 WKS
MORE THAN 14 WKS
LIMITED
BIOPHYSICAL

CT
ER
HEAD
CHEST
PELVIS
C-SPINE
SOFT TISSUE NECK
HIGH RES CHEST
KIDNEL
T-SPINE
SINUS
ABDOMEN
RENAL STONE
L-SPINE
OTHER
UROGRAM
See Back of Order for Prep
CTA
AORTA
ABDOMEN
ABDOMEN/PELVIS
CAROTID/NECK
HEAD
EXTREMITY
UPPER
LOWER
AORTA IN RUNOFF
CHEST
OTHER

NUCLEAR
3 PHASE BONE
WITH TOTAL BODY IF NECESSARY
TOTAL BONE BODY (WITH 3 PHASE IF NECESSARY)
V/Q SCAN
MUGA
LEUCKOCYTE SCAN / BONE MARROW
HIDA SCAN
RENAL (WITH LASIX)
RENAL (WITHOUT LASIX)
OTHER

BREAST
MAMMOGRAPHY (note: no deodorant or powder, bring previous mammograms)
2D SCREENING
3D SCREENING
DIAGNOSTIC (WITH ULTRASOUND IF NEEDED)
BILATERAL
LEFT
RIGHT
CHECK THESE FOR DIAGNOSTIC STUDY
LUMP, PAIN, THICKENING
NIPPLE D/C
ABNORMAL MAMM
OTHER
BONE DENSITOMETRY
L-S SPINE/HIP

PROCEDURE
CYST ASPIRATION
GALACTOGRAM
LUMBAR PUNCTURE
BREAST BX
STEREO
US-CORE
HYSTEROSALPINGOGRAM
ARTHROGRAM
MYELOGRAM
NEEDLE ASP./BX
PAIN MANAGEMENT
OTHER

TELEPHONE REPORT (Hold Patient)
TELEPHONE REPORT (Release Patient)
PROVIDER Signature
SIGNATURE STAMPS ARE NOT VALID
Date
Time

IMAGE ORDER FORM
0608