McLaren Business Products

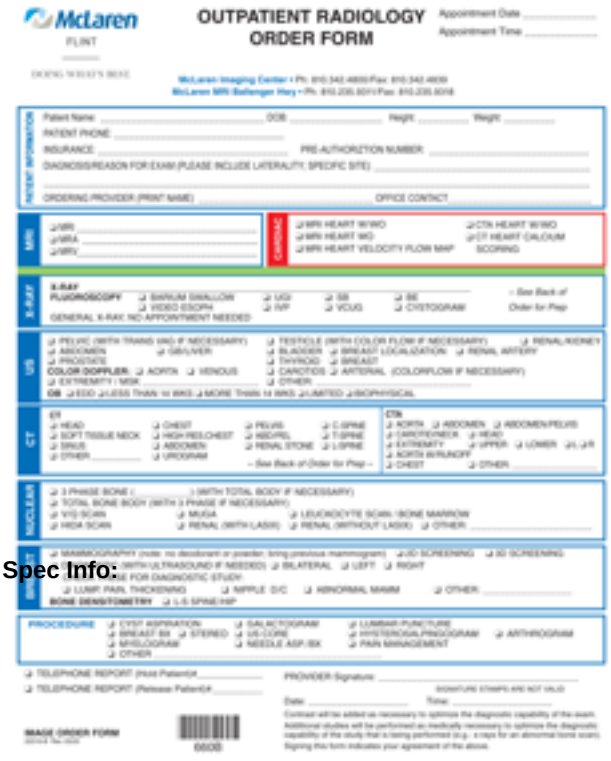
McLaren Print System Order

Order No: 59767
Order Date: 2021-01-20
User: Jennifer Dixon
Phone: 810.342.2138

Ship Location: MIC/Jennifer Dixon
501 S Ballenger Hwy , Suite B
Flint, MI 48532
Forms
Quantity: 50
Paragon Dept No: 32011
Dept Name: McLaren Imaging Center
Company Number: 60

Order Total Price: 655.00

Item Number: M-22016-B
Item Description: Imaging Center Order Form
Revision Date: 8/2020
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: ds; full color; 50 Sheets per pad. Please order how many pads you would lik e. 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
CARDIAC
MRI HEART W/WO
CTA HEART W/WO
MRI HEART W/O
CT HEART CALCIUM
MRI HEART VELOCITY FLOW MAP
SCORING
X-RAY
FLUOROSCOPY
BARIUM SWALLOW
VIDEO ESOPH
UGI
IVP
SB
VCUG
BE
CYSTOGRAM
- See Back of Order for Prep
GENERAL X-RAY, NO APPOINTMENT NEEDED
US
TESTICLE (WITH COLOR FLOW IF NECESSARY)
RENAL/KIDNEY
ABDOMEN
GB/LIVER
BLADDER
BREAST LOCALIZATION
RENAL ARTERY
PROSTATE
THYROID
BREAST
COLOR DOPPLER:
AORTA
VENOUS
CAROTIDS
ARTERIAL (COLORFLOW IF NECESSARY)
EXTREMITY / MSK
OTHER
OB
CT
CTA
HEAD
CHEST
PELVIS
C-SPINE
SOFT TISSUE NECK
HIGH RES CHEST
NEURO
T-SPINE
SINUS
ABDOMEN
RENAL STONE
L-SPINE
OTHER
UROGRAM
- See Back of Order for Prep -
AORTA
ABDOMEN
ABDOMEN/PELVIS
CAROTID/NECK
HEAD
EXTREMITY
UPPER
LOWER
AORTA W/RUNOFF
CHEST
OTHER
NUCLEAR
3 PHASE BONE
WITH TOTAL BODY IF NECESSARY
TOTAL BONE BODY (WITH 3 PHASE IF NECESSARY)
V/Q SCAN
MUGA
LEUKOCYTE SCAN / BONE MARROW
HIDA SCAN
RENAL (WITH LASIX)
RENAL (WITHOUT LASIX)
OTHER
BREAST
MAMMOGRAPHY
3D SCREENING
WITH ULTRASOUND IF NEEDED
BILATERAL
LEFT
RIGHT
FOR DIAGNOSTIC STUDY
LUMP, PAIN, THICKENING
NIPPLE D/C
ABNORMAL MAMM
OTHER
BONE DENSITOMETRY
L-S SPINE/HIP
PROCEDURE
CYST ASPIRATION
BREAST BX
STEREO
MYELOGRAM
OTHER
GALACTOGRAM
US-CORE
NEEDLE ASP./BX
LUMBAR PUNCTURE
HYSTEROSALPINGOGRAM
PAIN MANAGEMENT
ARTHROGRAM
TELEPHONE REPORT (Hold Patient)#
TELEPHONE REPORT (Release Patient)#
PROVIDER Signature
SIGNATURE STAMPS ARE NOT VALID
Date
Time
IMAGE ORDER FORM
0608

Spec Info: