

**LOCATIONS**

- Imaging & Diagnostic Outpatient Entrance – Covenant Medical Center Cooper 900 Cooper
- Covenant HealthCare Mackinaw 5400 Mackinaw
- Covenant HealthCare Irving (PET only) 600 Irving
PET building is located behind the 600 Irving building.

Please bring this order form and a picture ID with you to your appointment

Covenant HealthCare Imaging & Diagnostic Services OUTPATIENT PHYSICIAN REFERRAL

Imaging Central Scheduling: 989.583.6279

Diagnostic Imaging Info: 989.583.6272

Fax: 989.583.7029

www.covenanthealthcare.com

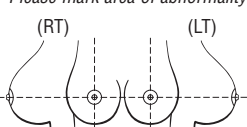


Physician's Signature (REQUIRED)	Date (REQUIRED)	<input type="checkbox"/> STAT Report Fax/Phone
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DIAGNOSTIC RADIOLOGY (X-RAY) (25-35 min)	
<input type="checkbox"/> Abdomen Flat & Upright <input type="checkbox"/> Abdomen KUB <input type="checkbox"/> Ankle (RT) (LT) (Bil) <input type="checkbox"/> Bone Age Study <input type="checkbox"/> Bone Length Study <input type="checkbox"/> Bone Survey Metastatic <input type="checkbox"/> Chest <input type="checkbox"/> PA-LAT <input type="checkbox"/> PA <input type="checkbox"/> Other _____ <input type="checkbox"/> Clavicle (RT) (LT) (Bil) <input type="checkbox"/> Elbow (RT) (LT) (Bil) <input type="checkbox"/> Eye for Foreign Body <input type="checkbox"/> Facial Bones <input type="checkbox"/> FB Child Nose to Rectum <input type="checkbox"/> Femur (RT) (LT) (Bil) <input type="checkbox"/> Finger (RT) (LT) (Bil) Specify digit(s): _____ <input type="checkbox"/> Foot (RT) (LT) (Bil) <input type="checkbox"/> Forearm (RT) (LT) (Bil) <input type="checkbox"/> Hand (RT) (LT) (Bil) <input type="checkbox"/> Hip (RT) (LT) (Bil) <input type="checkbox"/> Humerus (RT) (LT) (Bil) <input type="checkbox"/> Infant Extremity <input type="checkbox"/> Upper (RT) (LT) (Bil) <input type="checkbox"/> Lower (RT) (LT) (Bil) <input type="checkbox"/> Knee (RT) (LT) (Bil) Specify view(s): _____	<input type="checkbox"/> Mandible <input type="checkbox"/> Mandible Panoramic <input type="checkbox"/> Nasal Bones <input type="checkbox"/> Orbits <input type="checkbox"/> Os Calcis (RT) (LT) (Bil) <input type="checkbox"/> Paranasal Sinus <input type="checkbox"/> Pelvis <input type="checkbox"/> Ribs (RT) (LT) (Bil) <input type="checkbox"/> Sacrum & Coccyx <input type="checkbox"/> Scapula (RT) (LT) (Bil) <input type="checkbox"/> Shoulder (RT) (LT) (Bil) <input type="checkbox"/> Skull <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Spine Cervical (AP/LAT) (Routine) <input type="checkbox"/> Spine Lumbar (AP/LAT) (Routine) <input type="checkbox"/> Spine Thoracic (AP/LAT) (Routine) <input type="checkbox"/> Spine Flexion/Extension Only (Cervical) (Lumbar) (Thoracic) <input type="checkbox"/> Sternum <input type="checkbox"/> Tibia & Fibula Leg (RT) (LT) (Bil) <input type="checkbox"/> Toe (RT) (LT) (Bil) Specify digit(s): _____ <input type="checkbox"/> Tomogram Prep N Specify: _____ <input type="checkbox"/> Wrist (RT) (LT) (Bil) <input type="checkbox"/> Other: _____

BONE DENSITY
<input type="checkbox"/> Dexa (30 min)

CT SCANNING (30 min)	
<input type="checkbox"/> Abdomen Prep E <input type="checkbox"/> Abdomen/Pelvis Prep E <input type="checkbox"/> Brain Prep E <input type="checkbox"/> Chest Prep E <input type="checkbox"/> CTA Abdomen Prep E <input type="checkbox"/> CTA Aortogram w/ Runoff Prep E <input type="checkbox"/> CTA Chest Prep E <input type="checkbox"/> CTA Coronary Arteries Prep E, EE <input type="checkbox"/> CTA Extremity Lower Prep E <input type="checkbox"/> CTA Extremity Upper Prep E <input type="checkbox"/> CTA Head Prep E <input type="checkbox"/> CTA Neck Prep E <input type="checkbox"/> CTA Renal Prep E <input type="checkbox"/> CTA Other: _____	<input type="checkbox"/> Ear/IAC/Mastoids Prep E <input type="checkbox"/> Extremity Lower (RT) (LT) <input type="checkbox"/> Extremity Upper (RT) (LT) <input type="checkbox"/> Facial Bones <input type="checkbox"/> Myelogram/Post CT Spine <input type="checkbox"/> Orbits Prep E <input type="checkbox"/> Pelvis <input type="checkbox"/> Sinus <input type="checkbox"/> Soft Tissue Neck Prep E <input type="checkbox"/> Spine Cervical <input type="checkbox"/> Spine Lumbar <input type="checkbox"/> Spine Thoracic <input type="checkbox"/> Other: _____ <input type="checkbox"/> Contrast as Needed Prep E

MAMMOGRAPHY (Prep M, N)	
<input type="checkbox"/> Screening Mammogram (15 min) <input type="checkbox"/> Diagnostic Mammogram (20 min) (RT) (LT) (Bil) <input type="checkbox"/> Screening Automated Whole Breast Ultrasound (30 min) <input type="checkbox"/> Targeted Diagnostic Ultrasound (30 min) (RT) (LT) (Bil)	<p>Please mark area of abnormality</p> 

DIAGNOSTIC ULTRASOUND	
<input type="checkbox"/> Abdomen Complete (60 min) Prep AA <input type="checkbox"/> Abdomen Limited (specify) (30 min) <input type="checkbox"/> Ascites <input type="checkbox"/> Pyeloric Stenosis <input type="checkbox"/> Spleen <input type="checkbox"/> Abdomen Limited – RUQ (30 min) Prep AA (includes GB/Pancreas/Liver/Rt Kidney) <input type="checkbox"/> Abdomen/Retro (complete w/ Iliac) (60 min) Prep AA <input type="checkbox"/> Aorta/Retroperitoneal Limited (30 min) Prep AA <input type="checkbox"/> Bladder Pre/Post Void (15 min) Prep G <input type="checkbox"/> Extremity (specify) (30 min) <input type="checkbox"/> Infant Head (15 min) <input type="checkbox"/> Infant Hips (2 wks-6 mo) (30 min) <input type="checkbox"/> OB Complete (>14 wks) (60 min) Prep G <input type="checkbox"/> OB Limited (specify area of concern) (30 min) <input type="checkbox"/> OB w/ Endo if needed (<14 wks) (60 min) Prep G <input type="checkbox"/> Pelvis w/ Endo if needed (45 min) Prep G <input type="checkbox"/> Prostate (30 min) Prep H <input type="checkbox"/> Renal Complete w/ Bladder (30 min) Prep G <input type="checkbox"/> Renal Transplant (30 min) <input type="checkbox"/> Scrotal/Testicular (30 min) <input type="checkbox"/> Thyroid/Neck (30 min) <input type="checkbox"/> Other (specify): _____	

NUCLEAR MEDICINE	
<input type="checkbox"/> Bone Limited Area (3 hrs) Prep X Specify Location: _____ <input type="checkbox"/> Bone Three Phase (3 hrs) Prep X Specify Location: _____ <input type="checkbox"/> Bone Whole Body (3 hrs) Prep X <input type="checkbox"/> Bone Scan (Osteomyelitis) (2 day exam) Prep Y Specify Location: _____ <input type="checkbox"/> Cisternogram Prep Z <input type="checkbox"/> Gastric Empty (2.5 hrs) Prep C, W <input type="checkbox"/> Hepatobiliary (2 hrs) Prep L <input type="checkbox"/> Hepatobiliary w/ Kinevac (2 hrs) Prep L <input type="checkbox"/> Liver/Spect (Hemangioma) (2 hrs) <input type="checkbox"/> Liver/Spleen (60 min) <input type="checkbox"/> Lung (VQ) Scan (60 min) Prep I <input type="checkbox"/> Lymphoscintigraphy (4 hrs) Specify Location: _____ <input type="checkbox"/> Muga (60 min) <input type="checkbox"/> Myoview Stress (GTX) (3 hrs) Prep U <input type="checkbox"/> Myoview Stress Adenosine (DAW) (3 hrs) Prep U <input type="checkbox"/> Myoview Stress Dobutamine (3 hrs) Prep U <input type="checkbox"/> Myoview Stress Persantine (3 hrs) Prep U <input type="checkbox"/> Parathyroid (3 hrs) Prep X <input type="checkbox"/> Renal Scan (30 min) Prep J <input type="checkbox"/> Renal Scan w/ Lasix (60 min) Prep J, K <input type="checkbox"/> Renal Scan w/ Vasotec (3 hrs) Prep J, K <input type="checkbox"/> Thyroid Scan & Uptake Prep V <input type="checkbox"/> Thyroid Treatment (I131) <input type="checkbox"/> Other: _____	

NEURODIAGNOSTICS	
<input type="checkbox"/> BAER, SSER, VER (30-45 min for each test) Prep O, S <input type="checkbox"/> EEG (60-90 min) Prep O, P <input type="checkbox"/> EEG Ambulatory (60 min) Prep O, Q <input type="checkbox"/> EMG (30-45 min) Prep R	

MRI (25-35 min)	
<i>Orbital x-ray required for patient if ever exposed to metal fragments in the eyes.</i>	
<input type="checkbox"/> Abdomen <input type="checkbox"/> Arthrograms <input type="checkbox"/> Hip (RT) (LT) <input type="checkbox"/> Shoulder (RT) (LT) <input type="checkbox"/> Wrist (RT) (LT) <input type="checkbox"/> Brain <input type="checkbox"/> Chest <input type="checkbox"/> Extremity Lower (RT) (LT) Location: _____ <input type="checkbox"/> Extremity Upper (RT) (LT) Location: _____ <input type="checkbox"/> IAC's <input type="checkbox"/> Joint Lower (RT) (LT) Location: _____ <input type="checkbox"/> Joint Upper (RT) (LT) Location: _____	<input type="checkbox"/> MRCP Prep A <input type="checkbox"/> Neck Soft Tissue <input type="checkbox"/> Orbits <input type="checkbox"/> Pelvis <input type="checkbox"/> Pituitary Gland <input type="checkbox"/> Spine Cervical <input type="checkbox"/> Spine Lumbar <input type="checkbox"/> Spine Thoracic <input type="checkbox"/> MRA Abdomen <input type="checkbox"/> MRA Brain <input type="checkbox"/> MRA Carotids <input type="checkbox"/> MRA Chest <input type="checkbox"/> MRA Lower Extremity <input type="checkbox"/> MRA Pelvis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Contrast as needed

VASCULAR	
<input type="checkbox"/> Abdominal Duplex (60 min) Prep AA <input type="checkbox"/> Arterial Doppler Lower Extremity (90 min) <input type="checkbox"/> Arterial Doppler Upper Extremity (90 min) <input type="checkbox"/> Arterial Imaging Lower Extremity (45 min) (RT) (LT) (Bil) <input type="checkbox"/> Arterial Imaging Upper Extremity (45 min) (RT) (LT) (Bil) <input type="checkbox"/> Carotid Ultrasound (30 min) <input type="checkbox"/> Renal Artery Doppler (90-120 min) Prep AA <input type="checkbox"/> Vein Mapping (60 min) <input type="checkbox"/> Venous Doppler Lower (30-60 min) (RT) (LT) (Bil) <input type="checkbox"/> Venous Doppler Upper (45-90 min) (RT) (LT) (Bil) <input type="checkbox"/> Other: _____	

UROLOGY/FLUOROSCOPY	
<input type="checkbox"/> Arthrogram (60 min) Prep M <input type="checkbox"/> Barium Enema w/ Air (60 min) Prep B <input type="checkbox"/> Barium Enema (60 min) Prep B <input type="checkbox"/> Chest 4 Views w/w Fluoro (30 min) <input type="checkbox"/> Cystogram Non-Voiding (90 min) <input type="checkbox"/> Cystogram Voiding (90 min) <input type="checkbox"/> Esophagus (60 min) <input type="checkbox"/> IVP (90 min) Prep B <input type="checkbox"/> Salivary Glands for Calculus (60 min) <input type="checkbox"/> Small Bowel Only (up to 3 hrs) Prep C <input type="checkbox"/> Upper GI Series (45 min) Prep C <input type="checkbox"/> Upper GI w/ Small Bowel (up to 3 hrs) Prep C <input type="checkbox"/> Other: _____	

INTERVENTIONAL	
<input type="checkbox"/> Angio (2 hrs) Prep D Specify: _____ <input type="checkbox"/> Biopsy (60 min) Specify: _____ <input type="checkbox"/> Biopsy Thyroid (30 min) <input type="checkbox"/> Dialysis Cath (60 min) (Perm) (Temp) (Replace) <input type="checkbox"/> Discogram (60 min) <input type="checkbox"/> Drainage Catheters (60 min) <input type="checkbox"/> Lumbar Puncture (60 min) <i>Fax orders for specific labs on CSF to 989.583.6215</i> <input type="checkbox"/> Mediport (60 min) <input type="checkbox"/> Myelogram (60 min) Prep D <input type="checkbox"/> Lumbar <input type="checkbox"/> Cervical <input type="checkbox"/> Complete <input type="checkbox"/> Paracentesis (60 min) <input type="checkbox"/> PICC Line (60 min) <input type="checkbox"/> Thoracentesis (60 min) <input type="checkbox"/> Vertebroplasty/Kyphoplasty (60 min) <input type="checkbox"/> Other: _____	

PREP AND EXAM INFORMATION

**Please advise your physician if you are pregnant or suspect you might be.
A pregnancy test may be necessary before scheduling the exam.**

- PREP A - Nothing to eat or drink 4 hours prior to the exam.
- PREP AA - Nothing to eat or drink 8 hours prior to the exam.
- PREP B - Nothing to eat or drink 8 hours prior to the exam. If having a CT abdomen or abdomen/pelvis exam, the patient may have clear liquids, but no solid foods for 4 hours prior to the exam. Patient must pick up a prep kit. Prep to be taken the night before the scheduled exam. An IV will be started. Prep kits are available at Covenant Cooper, Harrison and Mackinaw campuses. After 5 pm, prep kits are available at Cooper and Harrison only. Kits are not available at Irving.
- PREP C - Nothing to eat or drink after 10 pm the night before the exam.
- PREP D - Nothing to eat for 6 hours and nothing to drink for 3 hours prior to the exam. Patient must arrive at the hospital 2 hours prior to exam time.
- PREP E - No solid foods 4 hours prior to the exam. Patient may have Jello[®] and clear liquids (no dairy products). For CT scans, the patient may take any prescribed medications. If the patient is diabetic and on insulin, they may take half of the normal dose. If required, prep kits are available at Covenant Cooper, Harrison and Mackinaw campuses. After 5 pm, prep kits are available at Cooper and Harrison only. Kits are not available at Irving.
- PREP EE - A Covenant nurse will call with instructions.
- PREP F - The patient cannot have had a gallbladder or kidney X-RAY WITH CONTRAST, or a CAT SCAN WITH CONTRAST within the last 6 weeks. An IV will be started.
- PREP G - The patient MUST finish drinking 40 ounces of fluids one hour prior to the exam. A full bladder is needed for the exam, so it is important that the patient DOES NOT URINATE AFTER DRINKING THE FLUID.
- PREP H - Patient is to have a Fleet's[®] enema 2 hours prior to the exam. For a prostate biopsy, do not use aspirin or blood thinning medications for 7 days prior to the biopsy appointment. Your physician will order lab work and an antibiotic before your exam.
- PREP I - A chest x-ray is required within 24 hours of exam.
- PREP J - The patient MUST drink 80 ounces of fluids throughout the day prior to the exam.
- PREP K - The patient must not have taken any ACE inhibitors and/or ARB's for 72 hours prior to the exam. All other blood pressure medications should not be taken 12 hours before the exam. No barium contrast within the last 24 hours.
- PREP L - Nothing to eat or drink, and no pain medications (or motility drugs) for 6 hours prior to the exam.
- PREP M - Shower or bathe to remove all perfume, powder, lotion or deodorant prior to the exam.
- PREP N - If prior x-rays or mammogram was done elsewhere, please bring films to this exam for comparison.
- PREP O - Patient will need to have clean hair with no hairsprays or oils in it.
- PREP P - For a sleep deprived EEG study, please follow instructions from your physician. EEG study may take longer if it is for a child or infant.
- PREP Q - Patient should wear a button down shirt. Patient will be hooked up with wires and sent home with a recording device attached. If wearing the device for more than a day, patient will return daily to have the batteries and disk changed.
- PREP R - Patient should not have lotions or oils on their skin. Exam may take longer if all 4 extremities are being tested. A physician is required for this exam and the patient may have a short wait time before the exam is started.
- PREP S - For lower SER, please wear loose fitting pants that can be pulled up to the knees.
- PREP T - Please bring glasses if you have a VER ordered.
- PREP U - Nothing to eat or drink 4 hour prior to the exam. No caffeine 24 hours prior to the exam. Check with your physician about withholding current medications prior to the test.
- PREP V - Patient receives capsule during initial appointment. Patient returns approximately 4 hours later for uptake and scan that usually takes 45 minutes, and again the following morning for uptake. The second day requires approximately 10 minutes time. The patient cannot have had an exam with iodinated contrast (such as a CT exam) within the last 6 weeks. Thyroid medications (synthroid) should be stopped 3 weeks prior to the exam. Thyroid medications (PTU) should be stopped 72 hours prior to the exam. The imaging nurse will contact the patient prior to the exam with further exam directions.
- PREP W - No nicotine or motility drugs.
- PREP X - Patient receives injection at scheduled appointment time and returns approximately 3 hours later for scanning. Drinking liquids is encouraged.
- PREP Y - Blood is drawn at scheduled appointment time. Patient returns approximately 4 hours later to receive tag blood, and again the following morning for imaging.
- PREP Z - Patient receives lumbar puncture injection at scheduled appointment time and returns approximately 3 hours later for scanning. Patient may need to return for up to 3 consecutive days after the injection. Drinking liquids is encouraged.