

# Millennium Diagnostic Center Millennium CT/MRI/MRA Imaging

Millennium Medical Group Division of MHP  
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## REQUEST FORM

PATIENT \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

ORDERING PHYSICIAN \_\_\_\_\_ DOB \_\_\_\_\_

DIAGNOSIS/CLINICAL INDICATIONS \_\_\_\_\_

### NUCLEAR MEDICINE

- \_\_\_\_\_ Bone Scan Multi
- \_\_\_\_\_ Bone Scan Complete\*\*
- \_\_\_\_\_ 3 Phase Bone Scan
- \_\_\_\_\_ Liver/Spleen Scan
- \_\_\_\_\_ Gallbladder HIDA\*\*
- \_\_\_\_\_ Gastric Emptying\*\*
- \_\_\_\_\_ Renal Flow & Scan\*\*
- \_\_\_\_\_ Resting MUGA
- \_\_\_\_\_ Parathyroid Scan
- \_\_\_\_\_ Renogram \*\*
- \_\_\_\_\_ Renogram with Lasix\*\*
- \_\_\_\_\_ Thyroid Uptake & Scan  
Table has a 450lb limit

### VASCULAR STUDIES

- \_\_\_\_\_ Carotid Arteries
- \_\_\_\_\_ Upper Arterial Imaging
- \_\_\_\_\_ Lower Arterial Doppler
- \_\_\_\_\_ Lower Venous Imaging
- \_\_\_\_\_ Upper Venous Imaging
- \_\_\_\_\_ Venous Imaging Rt/Lt only
- \_\_\_\_\_ ABI
- \_\_\_\_\_ Venous Insufficiency

### ULTRASOUND

- \_\_\_\_\_ Abdominal Survey\*\*  
(To include: Liver, Spleen, GB)
- \_\_\_\_\_ Gallbladder Only\*\*
- \_\_\_\_\_ Pancreas\*\*
- \_\_\_\_\_ Aorta (Abd)\*\*
- \_\_\_\_\_ Kidney
- \_\_\_\_\_ Bladder\*\*
- \_\_\_\_\_ Renal with color flow\*\*
- \_\_\_\_\_ Non Vascular Extremity

### FEMALE PELVIS

- \_\_\_\_\_ GYN Pelvis\*\*
- \_\_\_\_\_ GYN Pelvis follow-up\*\*
- \_\_\_\_\_ Trans Vaginal Pelvis\*\*
- \_\_\_\_\_ GYN with colorflow\*\*

### MALE PELVIS

- \_\_\_\_\_ Testicular
- \_\_\_\_\_ Prostate\*\*

### SMALL PARTS

- \_\_\_\_\_ Breast
- \_\_\_\_\_ Thyroid
- \_\_\_\_\_ Soft Tissue Site (specify)

### BONE DENSITOMETRY

- \_\_\_\_\_ Bone Desitometry Study  
Table has a 350lb limit

### MAMMOGRAPHY

- \_\_\_\_\_ Mammography Screen\*\*
- \_\_\_\_\_ Mammography Diagnostic\*\*
- \_\_\_\_\_ Mammography RT only\*\*
- \_\_\_\_\_ Mammography LT only\*\*
- \_\_\_\_\_ 3D Mammogram Screening
- \_\_\_\_\_ 3D Mammogram Diagnostic
- \_\_\_\_\_ 3D Tomosynthesis
- \_\_\_\_\_ Add Views

### CT DEPARTMENT

- \_\_\_\_\_ Abdomen\*\*
- \_\_\_\_\_ Pelvis\*\*
- \_\_\_\_\_ ABD/Pelvis \*\*
- \_\_\_\_\_ Chest
- \_\_\_\_\_ ABD/Pelvis Stone Protocol
- \_\_\_\_\_ Soft Tissue Neck
- \_\_\_\_\_ Thoracic Spine
- \_\_\_\_\_ Cervical Spine
- \_\_\_\_\_ Lumbar Spine
- \_\_\_\_\_ Upper Extremity \_\_\_\_\_
- \_\_\_\_\_ Lower Extremity \_\_\_\_\_
- \_\_\_\_\_ Head
- \_\_\_\_\_ IAC's
- \_\_\_\_\_ Posterior Fossa Only
- \_\_\_\_\_ Orbits
- \_\_\_\_\_ Sinuses
- \_\_\_\_\_ Facial Bones
- \_\_\_\_\_ Urogram
- \_\_\_\_\_ CTA Abd only
- \_\_\_\_\_ CTA Chest
- \_\_\_\_\_ CTA Carotid
- \_\_\_\_\_ CTA Brain
- \_\_\_\_\_ ABD Pelvic CTA
- \_\_\_\_\_ ABD/AO CTA with runoffs
- \_\_\_\_\_ Other: \_\_\_\_\_

With or without I.V. Contrast

### MRI - HEAD

- \_\_\_\_\_ Brain
- \_\_\_\_\_ Brain Orbits
- \_\_\_\_\_ Brain Pituitary

### MRI - HEAD

- \_\_\_\_\_ Brain IAC's
- \_\_\_\_\_ Soft Tissue Neck
- \_\_\_\_\_ Face/5TH Nerve

### MRI - SPINE

- \_\_\_\_\_ Cervical
- \_\_\_\_\_ Thoracic
- \_\_\_\_\_ Lumbar
- \_\_\_\_\_ Sacrum/Coccyx

### MRI - ABDOMEN

- \_\_\_\_\_ MRCP
- \_\_\_\_\_ Adrenal
- \_\_\_\_\_ Pancreas
- \_\_\_\_\_ Kidney
- \_\_\_\_\_ Liver
- \_\_\_\_\_ Pelvis

### MRI - JOINTS & EXTREMITIES

- \_\_\_\_\_ Brachial Plexus
- \_\_\_\_\_ Shoulder
- \_\_\_\_\_ Humerus
- \_\_\_\_\_ Elbow
- \_\_\_\_\_ Forearm
- \_\_\_\_\_ Wrist
- \_\_\_\_\_ Hand/Fingers
- \_\_\_\_\_ Hip
- \_\_\_\_\_ Femur
- \_\_\_\_\_ Knee
- \_\_\_\_\_ Tibia/Fibula
- \_\_\_\_\_ Ankle
- \_\_\_\_\_ Foot/Toes
- \_\_\_\_\_ Other: \_\_\_\_\_

With or without I.V. Contrast

### MRA

- \_\_\_\_\_ Head/Brain
- \_\_\_\_\_ Neck/Carotid
- \_\_\_\_\_ Chest/Thor Arch
- \_\_\_\_\_ Abdomen Aorta/Renals
- \_\_\_\_\_ Subclavians

### PULMONARY FUNCTION

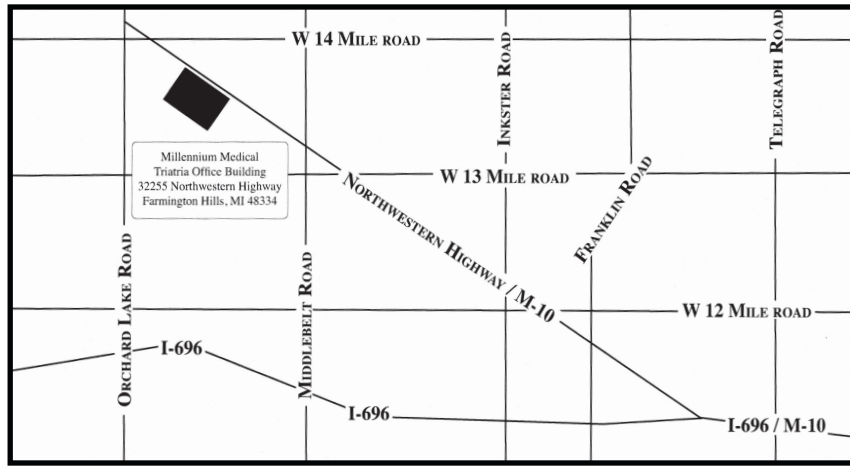
- \_\_\_\_\_ PFT

**I AUTHORIZE RADIOLOGIST TO  
EXTEND EXAM IF WARRANTED**

PHYSICIAN'S SIGNATURE \_\_\_\_\_

\*\* TEST MARKED WITH \*\* SEE REVERSE SIDE FOR PREPARATION.

PLEASE REPORT 15 MINUTES BEFORE YOUR FIRST EXAM. • PLEASE NOTIFY OUR OFFICE 24 HOURS PRIOR TO CANCELLING  
**YOU MUST BRING THIS WITH YOU THE DAY OF YOUR EXAM**



## PATIENT INSTRUCTIONS - PREPARATIONS

### ULTRASOUND

**ABDOMINAL (LIVER, GALLBLADDER, PANCREAS, SPLEEN, AORTA, RENAL):** Nothing to eat or drink after midnight the night before the exam. No breakfast, water, cigarettes or gum on morning of the exam.

**FEMALE PELVIS/OB/MALE PELVIS/BLADDER:** You must drink 40 ounces of fluid (water, juices, coffee and tea).

**START DRINKING 1 1/2 hours before scan time. COMPLETE DRINKING 1 hour before scan time.**

**DO NOT GO TO THE BATHROOM.** A full bladder is necessary for the exam. You will be able to use the bathroom after the test is completed.

**PROSTATE EXAM:** 1 1/2 hours prior to the exam you **MUST** give yourself a fleet's enema. Please bring current PSA results.

### SPECIAL PROCEDURES

**CT: Iodine Allergies,** please start Predisone 13 hours prior to CT scan. See your doctor for instructions. Please bring with you previous x-rays and written reports of area being scanned. Take all medication **EXCEPT FOR GLUCOPHAAGE, GLUCOVANCE OR METFORMIN.** Check when scheduling about picking up Barium and instruction on when to drink it. Do not eat anything 4 hrs before the exam if you are getting IV contrast. BUN and CREATININE results are requested.

**MRI:** A representative from our facility will contact you to obtain additional medical information as well as insurance data and any special instructions. Patient may eat, drink and take medications as usual. Eye make-up, hair pins and jewelry should not be worn. Transdermal medication patches must be removed prior to scanning. Please bring with you previous x-rays and written reports of area being scanned.

### NUCLEAR MEDICINE

**BONE SCAN:** There is no preparation. You will be asked to return 3 hours after your injection to be scanned. If you have recent x-rays, please bring them in the day of the exam.

**HIDA GALLBLADDER SCAN:** Nothing to eat or drink after midnight including meds prior to the exam. This test can take from 1 1/2 hours to 3 hours to complete.

**Gastric Emptying:** Nothing to eat or drink after midnight including meds prior to the exam. This test can take from 1 1/2 hours to 3 hours to complete.

**THYROID UPTAKE AND SCAN:** This is a 2-day test. Do not eat anything 4 hours prior to the exam. If you are on thyroid medications check with your doctor concerning medication prior to your exam. Bring a copy of recent blood work from your doctor's office. The scan is done within 24 hours of the first scheduled time. Must wait 6 weeks after iodine contrast exam.

**RENAL FLOW AND SCAN:** Hydrate by drinking 40 oz of water 1 hour before your exam, you may use the restroom.

### MAMMOGRAPHY

The day of the exam, **DO NOT USE** deodorant, powders, perfume, and ointment in the underarm or breast region. Wear a blouse with a skirt or slacks. Please try to obtain the films from your last Mammogram and bring them with you.

### PREP FOR PFT

No inhalers or nebulizers breathing treatments for 6 hour prior to the test unless absolutely necessary. No Smoking 6 hours prior. Do not eat a heavy meal prior. Do not eat or drink any foods or beverages containing caffeine 6 hours prior.

### Alternative testing sites for MRI and CT scan

The Imaging Center  
15670 Southfield Road  
Allen Park, MI 48101  
313-294-2897

CT/MRI of Clarkston  
6770 Dixie Hwy  
Clarkston, MI 48346  
248-922-9353

CT Scanning Center  
4000 Highland Rd.  
Waterford, MI 48328  
248-738-0801

Premier MRI/CT  
43475 Dalcoma Dr.  
Clinton Township, MI 48038  
888-674-4669

Bio-Magnetic Resonance Inc  
25100 Kelly Rd.  
Roseville, MI 48066  
586-445-4900

Great Lakes MRI  
27301 Schoenherr Rd.  
Warren, MI 48088  
586-427-7226