

Radiology Requisition – Non UMHS providers only

Routine  Urgent  STAT

Order Date: \_\_\_\_\_

ICD-10 codes (required): \_\_\_\_\_

**Clinical Indications** (please fill out a separate form for each modality)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Scheduling Exams – Call Center (734) 936-4500**

Preps given at scheduling

<http://www.uofmhealth.org/conditions-treatments/radiology-and-imaging/patient-resources/patient-instructions/before-exam>

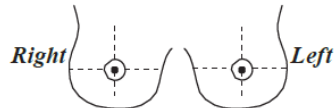
Additional Imaging, including 3D, will be performed as indicated by Radiologist.

Notify me before additional imaging is performed.

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Breast Imaging**

- Screening Mammography **Please indicate Laterality**
- Diagnostic Mammography  Right  Bilateral
- Breast Ultrasound  Left
- Core Biopsy **Please indicate location of clinical finding**
- Fine Needle Aspiration
- MR Breast
- Outside Film Consult



**Computed Tomography (CT)**

Pre-exam Questionnaire: (submit with requisition)

[Click here for CT Questionnaire](#)

- Cardiac: \_\_\_\_\_
- CT Calcium Scoring (select one:  asymptomatic or  symptomatic)
- Chest  Renal Stone  Neck (soft tissue)
- Abdomen  Bone Pelvis  Cervical Spine
- Pelvis  Facial Bone  Thoracic Spine
- Pulmonary Embolism  Orbit  Lumbar Spine
- Head (Brain)  Sinus  Other: \_\_\_\_\_
- Extremity R/L: \_\_\_\_\_
- CTA:  CT Urogram  CT Enterography

**Magnetic Resonance Imaging (MRI)**

Pre-exam Questionnaire: (submit with requisition)

[Click here for MRI Questionnaire](#)

- Cardiac  Cervical Spine
- Chest  Thoracic Spine
- Abdomen  Lumbar spine
- Pelvis  Brain
- Pelvis (musculoskeletal)  Neck (soft tissue)
- Extremity R/L: \_\_\_\_\_  Post Arthrogram
- MRA: \_\_\_\_\_  IAC
- Other: \_\_\_\_\_  Pituitary/Sella

**Ultrasound (US)**

- Abdomen  RUQ  Kidney
- Obstetrical  Pelvis  Testicular
- Aorta  Thyroid  Other: \_\_\_\_\_
- Transvaginal with limited or complete abd and/or pelvis if indicated
- Extremity R/L: \_\_\_\_\_

UMHS MRN: \_\_\_\_\_

NAME: \_\_\_\_\_

DOS: \_\_\_\_\_

DOB: \_\_\_\_\_

CSN: \_\_\_\_\_

Sex \_\_\_\_\_

Research or Institutional Account: \_\_\_\_\_

Ordering Clinician (receives report): \_\_\_\_\_

Name: \_\_\_\_\_ UMHS Dr. Number \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Contact me at: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Safety/Communications  Wheelchair

Allergy prep: <http://www.med.umich.edu/radiology/steroid-prep.pdf>

Fall Precaution  Interpreter needed (specify): \_\_\_\_\_

10-55 y/o female (pregnancy testing may be offered/required)

**Pregnancy test results:**  Negative  Positive Date: \_\_\_\_\_

**General Imaging/Plain Films (walk in, no appointment necessary)**

- Chest PA/LAT  PA only  Other: \_\_\_\_\_
- Abdomen  Sacrum  Skeletal Survey
- Skull (specify): \_\_\_\_\_  Rib detail (specify): \_\_\_\_\_
- Cervical Spine  T-Spine  Lumbar Spine
- Scoliosis  Pelvis  Hip R/L

**Upper Extremity Lower Extremity**

- Shoulder R/L  Femur R/L
- Humerus R/L  Knee R/L
- Elbow R/L  Tibia/Fibula R/L
- Forearm R/L  Ankle R/L
- Wrist R/L  Foot R/L
- Hand R/L  Other: \_\_\_\_\_

**Gastrointestinal (GI)/Urinary Tract (GU)**

- Esophagram  Cystogram
- Enteroclysis  Voiding Cystogram
- Small Bowel Follow Through  IVP (Intravenous Pyleogram)
- Upper GI  Hysterosalpingogram
- Contrast Enema
- Swallowing Study (to coordinate with speech pathology-call 763-4003)
- Other: \_\_\_\_\_

**Nuclear Medicine (NM)**

- General**  Bone Scan  With SPECT  Cardiac **Myocardial Perfusion:**
- Lung V/Q  With Calcium Scoring
- Hepatobiliary (HIDA)  Without Calcium Scoring
- Gastric Emptying  Stress SPECT
- Octreoscan  Treadmill
- MIBG  Pharmacologic
- Thyroid Scan  Stress PET
- I131 Uptake  Rest SPECT
- Leukocyte/Infection **Myocardial Viability:**
- Dynamic Renal  Rest SPECT Perfusion
- Lymphoscintigraphy  Rest PET Perfusion
- DEXA-Bone Densitometry Scan **Radionuclide Ventriculography:**

**PET**

- Tumor  Brain  MUGA
- Other: \_\_\_\_\_  Other: \_\_\_\_\_

**Musculoskeletal, Neuro, Vascular Angio/Interventional (IR), Cross Sectional (CT & US) Interventional Procedures**

Exam Requested: \_\_\_\_\_