

MICHIGAN MEDICINE

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

Fax 734-615-9800

Preps given at scheduling

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

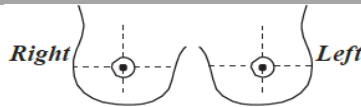
Additional Imaging, including 3D, will be performed as indicated by Radiologist.

☐ *Notify me before additional imaging is performed.*

Appt. Date: _____ Time: _____ Location: _____

Breast Imaging

- ☐ Screening Mammography ☐ **Please indicate Laterality**
- ☐ Diagnostic Mammography ☐ Right ☐ Left ☐ Bilateral
- ☐ Breast Ultrasound ☐ **Please indicate location of clinical finding**
- ☐ Core Biopsy
- ☐ 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: _____

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

Exam Requested: _____

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

- ☐ Shoulder R/L
- ☐ Humerus R/L
- ☐ Elbow R/L
- ☐ Forearm R/L
- ☐ Wrist R/L
- ☐ Hand R/L

Lower Extremity

- ☐ Femur R/L
- ☐ Knee R/L
- ☐ Tibia/Fibula R/L
- ☐ Ankle R/L
- ☐ Foot 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
- ☐ Lung V/Q
- ☐ Hepatobiliary (HIDA)
- ☐ Gastric Emptying
- ☐ DAT
- ☐ MIBG
- ☐ Thyroid Scan
- ☐ I131 Uptake
- ☐ Leukocyte/Infection
- ☐ Dynamic Renal
- ☐ Lymphoscintigraphy
- ☐ DEXA-Bone Densitometry Scan

Cardiac

- Myocardial Perfusion:**
- ☐ With Calcium Scoring
- ☐ Without Calcium Scoring
- ☐ Stress SPECT
- ☐ Treadmill
- ☐ Pharmacologic
- ☐ Stress PET
- ☐ Rest SPECT
- ☐ Cardiac Amyloid
- ☐ Cardiac Sarcoid

Myocardial Viability:

- ☐ Rest PET Perfusion

Radionuclide Ventriculography:

PET

- ☐ Tumor ☐ FDG
- ☐ Amyvid (amyloid) ☐ Brain
- ☐ Dotatate ☐ PSMA
- ☐ Other: _____

Therapy

- ☐ Pluvicto (Lu177-PSMA) ☐ Lutathera (Lu177-DOTATATE)
- ☐ Radioiodine (I-131) for Thyroid cancer ☐ Radioiodine (I-131) for Hyperthyroidism
- ☐ Xofigo (Ra-223) ☐ Other (Specify): _____