MH IMAGING
WHEN YOU NEED TO KNOW

OFFERING MRI, LOW DOSE CT, ULTRASOUND AND X-RAY AT ALL FOUR MH IMAGING LOCATIONS!

❑ **MILWAUKEE**
7818 W. Layton Ave.
Greenfield, WI 53220
P 414.281.1490
F 414.281.1491

❑ **KENOSHA**
1020 35th St.
Suite 120
Kenosha, WI 53140
P 262.842.1400
F 262.842.1401

❑ **RACINE**
6800 Washington Ave.
Suite B
Racine, WI 53406
P 262.321.7970
F 262.321.7995

❑ **MADISON**
2277 Deming Way
Middleton, WI 53562
P 608.829.8299
F 608.829.8290

Appt Date/Time:

Patient Name (as shown on insurance card)	Cell Phone	Home Phone
Patient DOB ❑ M ❑ F	**Insurance Type** - *please fax copy of card(s)* ❑ Private ❑ Government ❑ L&I/Workers' Comp ❑ Auto ❑ No Insurance	

(REQUIRED) Written Diagnosis/Reason/Symptom for Exam(s). Must include **specific** clinical indications (such as location, context and severity)

Previous Treatments/Imaging/Exams ❑ No ❑ Yes Type Where

Patient Considerations (check all that apply) ❑ Special assistance required ❑ Allergies to contrast agents ❑ Diabetes ❑ Weight consideration
❑ Interpreter Needed (language) _____ ❑ Renal Failure/Dialysis ❑ Claustrophobic ❑ Sedation (administered by MH Imaging)
❑ Other _____ *All patients receiving sedation require a driver.*

REPORTING METHOD: ❑ Routine ❑ Next Day Follow-up ❑ Read & Call ❑ Patient to Hand Carry ❑ Report Only
❑ STAT ❑ MH Imaging Web Portal ❑ **Fax report to:**

Provider Name (Print)	Provider Location	Phone
Provider Signature (Required)		Date

MRI

❑ Brain
❑ Brainreader™
❑ Brain & IAC
❑ Brain & Pit
❑ Brain & Orbits
❑ Brain & CN
❑ Brain w/ Diffusion Weighted Imaging
❑ Breast
❑ Chest
❑ Finger
❑ Toe
❑ Parotid Gland
❑ TMJ
❑ Soft Tissue Neck
❑ C Spine
❑ T Spine
❑ L Spine
❑ Total Spine (scoliosis)
❑ Scoliosis Spine Survey

With Contrast ❑ Yes ❑ No

❑ Shoulder L R
❑ Elbow L R
❑ Wrist L R
❑ Hand L R
❑ Hip L R
❑ Knee L R
❑ Ankle L R
❑ Foot L R
❑ Pelvis
❑ Prostate
❑ Female Pelvis
❑ Abdomen
❑ Abdomen/Pancreas
❑ Abdomen/Adrenal Glands
❑ Abdomen/Kidneys
❑ Abdomen/MRCP
❑ Enterography
❑ Other _____

CT

❑ Brain w/o
❑ Brain w/wo
❑ IAC w/o
❑ IAC w/wo
❑ Sinus w/o
❑ Sinus w/wo
❑ TMJ w/o
❑ Orbits w/o
❑ Orbits w/wo
❑ Soft Tissue Neck w/o
❑ Soft Tissue Neck w
❑ C Spine w/o
❑ C Spine w
❑ T Spine w/o
❑ T Spine w
❑ L Spine w/o
❑ L Spine w
❑ Discogram

❑ Calcium Score
❑ Chest w/o
❑ Chest w
❑ Chest w/wo (high resolution for interstitial disease)
❑ Abdomen w/o
❑ Abdomen w
❑ Abdomen w/wo
❑ Abdomen Pelvis w/o
❑ Abdomen Pelvis w
❑ Abdomen Pelvis w/wo
❑ Urogram w/wo
❑ Abdomen Pelvis Stone Protocol w/o
❑ Pelvis w/o
❑ Pelvis w
❑ CT Enterography w/o
❑ CT Enterography w
❑ Extremity Joint _____
❑ Other _____

MRA

❑ Head w/o
❑ Neck
❑ Thoracic Aorta w/wo
❑ Abdominal Aorta w/wo
❑ Renal Aorta w/wo
❑ SMA w/wo
❑ IVC w/wo
❑ Chest

With Contrast ❑ Yes ❑ No

❑ Lower Extremity
❑ Upper Extremity
❑ Subclavian
❑ Other _____

CTA

❑ Head w
❑ Neck w
❑ Thoracic Aorta w
❑ Pulmonary w
❑ Abdominal Aorta w
❑ SMA w
❑ IVC w
❑ Abdominal/Pelvic/Lower extremities w
❑ CTCA _____

CANCER SCREENING

❑ MRI ❑ CT ❑ Ultrasound Region _____

MYELOGRAM

❑ C Spine ❑ T Spine ❑ L Spine
❑ CSF Labs Desired? ❑ Y ❑ N
List Labs: _____

ECHOCARDIOGRAM

❑ Echocardiogram*

**Echocardiograms read by Board Certified Cardiologist*

ARTHROGRAM ❑CT ❑MRI

❑ Shoulder R L ❑ Wrist R L ❑ Elbow R L ❑ Knee R L ❑ Hip R L ❑ Ankle R L

X-RAY

❑ Chest PA
❑ Chest PA & LAT
❑ Soft Tissue Neck
❑ Abdominal Series ❑ Abdominal KUB
❑ Ribs ❑ Unilateral ❑ Bilateral
❑ w/ chest ❑ w/o chest
❑ Pelvis
❑ C Spine Ap & Lateral
❑ C Spine Complete
❑ T Spine Complete
❑ L Spine Ap & Lateral
❑ L Spine Complete
❑ Sacrum/Coccyx
❑ SI Joints
❑ Hip L R
❑ Femur L R
❑ Knees L R
❑ TIB/FIB L R
❑ Ankle L R
❑ Foot L R
❑ Toes _____

❑ Skull
❑ Facial Bones
❑ Sinus
❑ Mandible
❑ Scoliosis Series

❑ Flexion/Extension
❑ Flexion/Extension

❑ Flexion/Extension
❑ Flexion/Extension

❑ Shoulder L R
❑ Humerus L R
❑ Elbow L R
❑ Forearm L R
❑ Wrist L R
❑ Fingers _____
❑ Other _____

ULTRASOUND

❑ ABI, Levels _____ include Toe Pressure _____
❑ Abdomen Complete
❑ Aorta
❑ Appendix
❑ Biophysical Profile
❑ Breast R L Bilateral
❑ Breast Limited 1-3 Quadrants R L Bilateral
❑ Carotid Duplex
❑ Echocardiogram
❑ OB Ultrasound
❑ 1st Trimester with Transvagingal as needed
❑ 2nd Trimester
❑ 3rd Trimester
❑ Gallbladder (GB, Panc, Liver)

❑ Hernia Location _____
❑ OB Ultrasound Follow Up (check growth)
❑ OB Ultrasound Limited
❑ Pediatric Hips
❑ Renal (Kidneys and Bladder)
❑ Pelvic Ultrasound with Transvaginal as needed
❑ Renal Artery Study
❑ Soft Tissue Mass Area _____
❑ Testicular
❑ Thyroid
❑ Venous Doppler
❑ Lower Ext. R L Bilateral
❑ Upper Ext. R L Bilateral
❑ Other _____

Creatinine testing performed on site, if necessary. Self pay rates available for all services.

PATIENT INSTRUCTIONS: *Preparing For Your Exam*

MRI

- Creatinine levels may be required for any patient over the age of 60, and all patients being treated for renal disease, diabetes, or hypertension.
- **No prep for MRI exams.** MRI cannot be performed on patients with a Cardiac Pacemaker, some Cardiac Valves and Stents, Otologic implants, implanted neurostimulator, non-titanium aneurysm clips in head, Pregnancy (In some cases). Please bring any relevant outside X-rays or other exams for correlation. This is especially important for Spine and Musculoskeletal MRI Exams.

WELLNESS SCREENING

No preparation necessary, unless advised.

CT

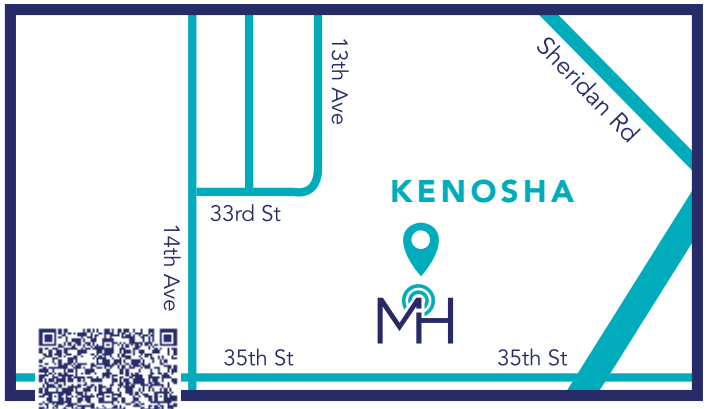
- Creatinine levels may be required for any patient over the age of 40, and all patients being treated for renal disease, diabetes or hypertension.
- **Abdomen:** No food 5 hours prior - may drink fluids. Arrive 60 minutes early to begin drinking contrast.
- **Chest:** No food 5 hours prior, bring recent Chest X-Rays for correlation and planning.
- **Pelvis:** No food 5 hours prior, may drink fluids. Arrive 1 hour early to begin drinking contrast.
- **Exam: w/ IV Contrast:** No food 5 hours prior - may drink fluids. Arrive 1 hour early to begin drinking contrast. Creatinine levels are required for patients over 65.
- **All Other CT Exams:** No preparation necessary, unless advised.

ULTRASOUND

EXAM	PREP
Abdomen Complete:	NPO for 8 - 10 hours. Includes no smoking or chewing gum.
Abdominal Doppler:	NPO for 8 - 10 hours.
Aorta:	NPO for 8 - 10 hours.
Appendix:	Full urinary bladder
Breast:	NO Prep
Carotid:	NO Prep
Gallbladder:	NPO for 8 - 10 hours
Guided Biopsy:	NPO 4 - 6 hours prior to study. Recent PT & PTT needed.
Fluid Localization:	Consent for procedure.
Liver/Spleen/Pancreas:	NPO 8 - 10 hours
Pelvic:	Full urinary bladder. Drink 1 quart of water 1 hour prior.
Renal:	No carbonated beverages. 12 oz H2O 1/2 hour prior.
Testicular:	No Prep
Thoracentesis:	Consent for procedure.
Thyroid:	No Prep
Transvaginal:	Empty urinary bladder
Venous:	Hydrate

Note: Patients who are diabetic should be scheduled accordingly. As early as allowable if they have dietary restrictions.

7818 W. Layton Ave., Greenfield, WI 53220



1020 35th St., Suite 120, Kenosha, WI 53140

6800 Washington Ave., Suite B, Racine, WI 53406

2277 Deming Way, Middleton, WI 53562