MH IMAGING
WHEN YOU NEED TO KNOW

❑ MILWAUKEE	❑ MKE 3T	❑ KENOSHA	❑ RACINE	❑ MADISON
P: 414.281.1490	P: 262.261.9423	P: 262.842.1400	P: 262.321.7970	P: 608.829.8299
F: 414.281.1491	F: 414.539.4185	F: 262.842.1401	F: 262.321.7995	F: 608.829.8290

PATIENT NAME (as shown on insurance card)

PATIENT DATE OF BIRTH | ❑ MALE ❑ FEMALE | **PATIENT PHONE**

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

INSURANCE TYPE (please fax copy of card(s) and any recent clinical notes)
❑ PRIVATE ❑ GOVERNMENT ❑ LEGAL ❑ SELF PAY

REPORTING METHOD: ❑ ROUTINE ❑ READ & CALL ❑ STAT

PROVIDER NAME (print) | **PROVIDER LOCATION**

PHONE FOR STAT READS | **PROVIDER FAX**

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
- ❑ Oral Sedation (administered by MH Imaging)
- ❑ Other_____

► **All patients receiving sedation require a driver.**

OFFICE PHONE | **PROVIDER SIGNATURE** | **DATE**

MRI ❑ W/O ❑ W/WO ❑ HI-MAR OR M.A.R.S

- ❑ Brain
- ❑ Brain & IAC
- ❑ Brain & Pituitary
- ❑ Brain & Orbits
- ❑ Brain & Cranial Nerve
- ❑ Brain – MS Protocol
- ❑ Brain – Trigeminal Nerve
- ❑ Brain – Sinus
- ❑ Brain – Seizure
- ❑ Breast
- ❑ Chest
- ❑ Sternum
- ❑ Finger
- ❑ Thumb
- ❑ Elbow
- ❑ Hand/Wrist RA Protocol
- ❑ TMJ
- ❑ Soft Tissue Neck
- ❑ C Spine
- ❑ T Spine
- ❑ L Spine
- ❑ Pelvis
  - ❑ Male ❑ Female
  - ❑ Prostate ❑ MSK
- ❑ SI Joints
- ❑ Maxillofacial
- ❑ Athletic Pubalgia (Sports Hernia)
- ❑ Abdomen
  - ❑ Adrenal ❑ Liver
  - ❑ MRCP ❑ Pancreas
  - ❑ Renal
- ❑ Enterography
- ❑ Shoulder ☐L☐R
- ❑ Elbow ☐L☐R
- ❑ Wrist ☐L☐R
- ❑ Hand ☐L☐R
- ❑ Hip ☐L☐R
- ❑ Knee ☐L☐R
- ❑ Ankle/Hindfoot ☐L☐R
- ❑ Foot/Midfoot ☐L☐R
- ❑ Toe/Forefoot ☐L☐R
- ❑ Femur ☐L☐R
- ❑ Tib/Fib ☐L☐R
- ❑ Humerus ☐L☐R
- ❑ Forearm ☐L☐R
- ❑ Other _____

MRA ❑ W/O ❑ W/WO

- ❑ Head
- ❑ Aortic Arch
- ❑ Abdominal Aorta
- ❑ Renal Arteries
- ❑ SMA
- ❑ IVC
- ❑ Chest
- ❑ Lower Extr.
- ❑ Upper Extr.
- ❑ Subclavian
- ❑ Pelvis
- ❑ Carotid
- ❑ Runoff Lower
- ❑ Other _____

MRV ❑ W/O ❑ W/WO

❑ Head ❑ Neck ❑ Pelvis ❑ Liver

ARTHROGRAM ❑ CT ❑ MRI

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

ECHOCARDIOGRAM

❑ Echocardiogram* **Echocardiograms read by Board Certified Cardiologist*

X-RAY

- ❑ Chest PA
- ❑ Chest PA & LAT
- ❑ Soft Tissue Neck
- ❑ Abdominal Series
- ❑ Ribs ❑ Unilateral ❑ w/ 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
- ❑ Abdominal KUB
  - ❑ Bilateral
  - ❑ w/o chest
- ❑ Flexion/Extension
- ❑ Flexion/Extension
- ❑ Flexion/Extension
- ❑ Flexion/Extension
- ❑ TIB/FIB ☐L ☐R
- ❑ Ankle ☐L ☐R
- ❑ Foot ☐L ☐R
- ❑ Toes_____
- ❑ Skull
- ❑ Facial Bones
- ❑ Sinus
- ❑ Mandible
- ❑ Scoliosis Series
- ❑ Shoulder ☐L ☐R
- ❑ Humerus ☐L ☐R
- ❑ Elbow ☐L ☐R
- ❑ Forearm ☐L ☐R
- ❑ Wrist ☐L ☐R
- ❑ Fingers_____
- ❑ Other_____

CT ❑ W/O ❑ W/WO ❑ IV CONTRAST ❑ ORAL CONTRAST

- ❑ Brain
- ❑ IAC
- ❑ Sinus
- ❑ TMJ
- ❑ Orbits
- ❑ Soft Tissue Neck
- ❑ C Spine
- ❑ T Spine
- ❑ L Spine
- ❑ Lung Cancer Screening
- ❑ MAKO
- ❑ Blueprint Protocol
- ❑ Calcium Score
- ❑ Chest
- ❑ Chest (high resolution for interstitial disease)
- ❑ Abdomen
- ❑ Abdomen Pelvis
- ❑ Urogram
- ❑ Abdomen Pelvis Stone Protocol
- ❑ Pelvis
- ❑ CT Enterography
- ❑ Extremity Joint
- ❑ Other _____
- ❑ Protocol _____

❑ CTA ❑ CTV ❑ W/O ❑ W/WO

- ❑ Head
- ❑ Thoracic Aorta
- ❑ Abdominal Aorta
- ❑ IVC
- ❑ Neck
- ❑ Pulmonary
- ❑ SMA
- ❑ Abdominal/Pelvic/Lower extremities

MYELOGRAM

❑ C Spine ❑ T Spine ❑ L Spine ❑ CSF Labs Desired? ❑ Y ❑ N

List Labs:_____

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
- ❑ OB Ultrasound
  - ❑ 1st Trimester with Transvagingal as needed
  - ❑ 2nd Trimester
  - ❑ 3rd Trimester
- ❑ Gallbladder (GB, Panc, Liver)
- ❑ MSK_____
- ❑ Abdomen Limited (RUQ, Liver, Gallbladder, Pancreas)
- ❑ 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

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.

PROSTATE MRI

- No sex of any kind/ no ejaculating for 5 days prior to MRI scan.
- Recent PSA level required.
- NPO 8 hrs (meaning no food/fluids, little sips of water for meds are ok)
- Empty bowels preferred.
- Empty bladder prior to start of scan.

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 30 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 30 minutes early to begin drinking contrast.
- **Exam w/ IV Contrast:** No food 5 hours prior — may drink fluids. Arrive 30 minutes early to begin drinking contrast.
- **All Other CT Exams:** No preparation necessary, unless advised.

ULTRASOUND

- **Abdomen Complete:** NPO for 8 - 10 hours. No smoking or chewing gum.
- **Abdominal Doppler:** NPO for 8 - 10 hours.
- **Aorta:** NPO for 8 - 10 hours.
- **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.
- **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
- **Thyroid:** No prep
- **Venous:** Hydrate

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

Some scans may be site specific. Contact us for more information.

MH IMAGING

MILWAUKEE
414.281.1490
7818 W. Layton Avenue
Greenfield, WI
FAX **414.281.1491**

MKE 3T
262.261.9423
2500 W. Layton Avenue, Suite 20
Milwaukee, WI
FAX **414.539.4185**

KENOSHA
262.842.1400
1020 35th Street, Suite 120
Kenosha, WI
FAX **262.842.1401**

RACINE
262.321.7970
6800 Washington Avenue, Suite B
Racine, WI
FAX **262.321.7995**

MADISON
608.829.8299
2277 Deming Way
Middleton, WI
FAX **608.829.8290**