



ROYAL OAK MED. CLINIC (248) 435-8066 STERLING HEIGHTS CLINIC (586) 566-8680 DEARBORN (ROEMER) CLINIC (313) 584-0768 • FAX (313) 945-9339 DEARBORN CLINIC (313) 945-5939 • FAX(313) 945-5932

These are general instructions. Any questions or problems with preparation, please contact Dr. Basha and/or your physician.

Patient's Name _____ D of B _____ Appointment Date _____ Time _____

History & Clinical Diagnosis: _____

Physician's Signature _____ Date _____ Case # _____

MRI Brain, Chest, Cervical/Thoracic/Lumba Spine, Abdominal and/or Pelvic, Upper and Lower Extremities. . .Other _____

MRA Brain Carotids Renal Arteries Aorta Lower Extremities Other _____

CT SCAN Brain, Chest, Cervical/Thoracic/Lumba Spine, Abdominal and/or Pelvic

*Please see back for preparation
Extremity and / or Area to be scanned: _____
History of allergies or any contraindications using contrast medias: _____

CTA Brain Carotids Renal Arteries Aorta Lower Extremities Other _____

BONE DENSITY _____

X-RAY REQUEST *Please see back for preparation _____

MAMMOGRAPHY _____

ATTN.: After bathing, on the day of exam, DO NOT use talcum powders, perfumes, lotions, antiperspirants, deodorants or sprays. Please provide BASHA with previous mammogram studies for comparison of films on exam day.

EMG _____ **CARDIOLOGY/VASCULAR REQUEST** _____

EEG _____ ECHOCARDIOGRAM COMPLETE PLAIN STRESS TEST
 HOLTER (24 HOURS) STRESS ECHO
 E.K.G. _____ *Nothing to eat, drink or smoke 6 hours prior to exam.
*Wash hair prior to test. DO NOT use cream rinse, gel, mousse, hair spray, etc. Eat one good meal one hour prior to test. No caffeine 2 hours prior to test. *If Nuclear See Below

ULTRASOUND REQUEST _____

<input type="checkbox"/> Abdominal Study	<input type="checkbox"/> Pelvis/Transvaginal	<input type="checkbox"/> CARTOID DOPPLER (Waveforms) (B-Mode)
<input type="checkbox"/> Thyroid <input type="checkbox"/> Breast	<input type="checkbox"/> Male Pelvis Prostate/Transrectal	
<input type="checkbox"/> Kidneys <input type="checkbox"/> Testicles	<input type="checkbox"/> OB-Pregnancy	
<input type="checkbox"/> ARTERIAL DOPPLER <input type="checkbox"/> Upper Extremity <input type="checkbox"/> Lower Extremity	<input type="checkbox"/> VENOUS DOPPLER <input type="checkbox"/> Upper Extremity <input type="checkbox"/> Lower Extremity	Other _____

NUCLEAR REQUEST _____

NOTE: The materials used for these studies are expensive and short lived. Therefore, it is important that you keep this appointment. Any cancellation must be called in to us at least 24 hours prior to appointment.
PREPARATION FOR HEPATOBILIARY, THALLIUM STUDIES: Nothing to eat or drink for 6 hours prior to examination.

<input type="checkbox"/> ABDOMEN: <input type="checkbox"/> Liver & spleen (flow & scan) <input type="checkbox"/> Gallbladder (Hepatobiliary)	<input type="checkbox"/> THYROID: <input type="checkbox"/> Thyroid profile (2 & 24 hr. uptake, scan) <input type="checkbox"/> Thyroid scan (rapid evaluation with technetium)	<input type="checkbox"/> KIDNEY: (no preparation) Renal blood flow and scan
<input type="checkbox"/> HEART: <input type="checkbox"/> Persantine Thallium Stress Test <input type="checkbox"/> Walking Thallium Stress Test	<input type="checkbox"/> BONE: (no preparation) <input type="checkbox"/> Bone scan - Total Body <input type="checkbox"/> 3 Phase Bone scan <input type="checkbox"/> Limited scan <input type="checkbox"/> Specify _____	

*Speak to nuclear technician regarding medication changes for test

*Please see back for clinic maps and contact information.

X-RAY PREPARATION:

NOTE

1. Any allergies _____
2. Patients with any and all allergic conditions, including but not limited to asthma, hay fever and allergies to foods, medications, dust, etc. inform Dr. Basha or technologist when scheduling appointment.
3. Every woman who is possibly pregnant requesting X-rays or CT scans, please speak to Dr. Basha or a technologist prior to test.

INTRAVENOUS UROGRAM & LAM

1. At 4p.m. of the preceding day, take a total of 4 Dulcolax tablets; (take 2 every 15 mins.)
2. Eat Nothing after midnight preceding the appointment. No fluids 3 hrs. prior to test.

UPPER GASTROINTESTINAL SERIES AND SMALL BOWEL SERIES & A.B.D. ESOPHAGRAM

DO NOT EAT, DRINK, CHEW GUM, OR SMOKE AFTER MIDNIGHT UNTIL EXAM COMPLETED. After exam is completed, take 2 oz. of Milk of Magnesia, drink water, and resume normal diet.



CT SCAN PREPARATION:

NOTE

1. Any allergies _____
2. Patients with any and all allergic conditions, including but not limited to asthma, hay fever and allergies to foods, medications, dust, etc. inform Dr. Basha or technologist when scheduling appointment.
3. Every woman who is possibly pregnant requesting X-rays or CT scans, please speak to Dr. Basha or a technologist prior to test.

- **No Food or Liquids 4 hours prior to test for the following CT exams:** CT Abdomen or Pelvis, CT Chest, CT Soft Tissue Neck, CT Head (Brain, IAC's Orbits, Pituitary, TMJ, Post Fossa), CT Sinuses / Facial Bones, CTA (Angiogram, Aorta), CT Urogram, UGI

- **CT IVP & IV Urogram Preparation:** 1) At 4:00 pm the preceding day, take a total of 4 Dulcolax tablets; (take 2 every fifteen minutes). 2) Eat nothing after midnight preceding the appointment. No fluids 3 hours prior to test.

MEDICATIONS ARE ALLOWED WITH A LITTLE WATER

ULTRASOUND PREPARATION:

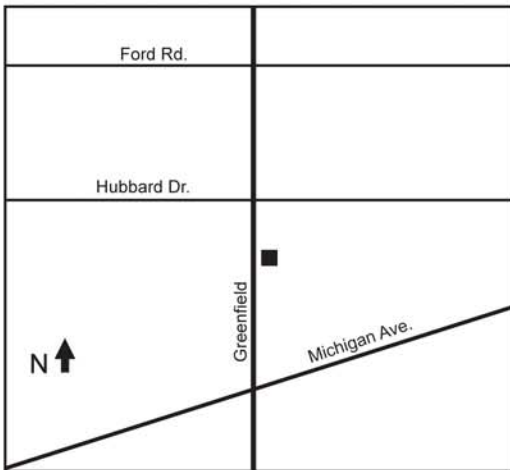
ABDOMINAL / GALLBLADDER

DO NOT eat or drink (no gum chewing) after midnight prior to your examination. Appointments after 12 noon, do not eat or drink anything 5 hours prior to your examination. You may drink water. Avoid fatty foods. Medications are permissible and a small amount of water, unless indicated otherwise.

PELVIS / PROSTATE - Drink four to five 8 oz. glasses of water one hour prior to examination. DO NOT URINATE.

OBSTETRICAL - If under 4 months pregnant - follow same instructions as PELVIS. If over 4 months pregnant - drink two 16 oz. glasses of water one hour prior to examination. DO NOT URINATE.

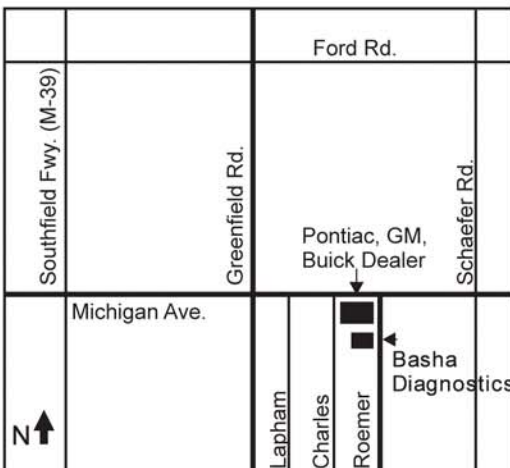
NO PREPARATION IS REQUIRED FOR THE FOLLOWING EXAMINATIONS: Breast, extremities, kidney, testicles, or soft tissue masses.



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MRI ONLY