MICHIGAN COMPASSIONATE CARE

Imaging Order Form

Date of study: ____/____/____
MRN: _____

28401 Hoover Road
Warren MI 48093
Ph: 586-754-3830
Fax: 586-754-3840
www.mccoffice.net

Patient Last Name:_____ Patient First Name:_____
D.O.B:____/____/____ Sex: M F Phone #:_____ Alt #:_____
Address:_____ City:_____ State:_____ Zip:_____
Primary Insurance:_____ Contract #:_____ Group #_____
Ordering Physician_____ Phone #: _____

Physician Orders: Physician Signature:_____ Date:_____

☐ Echocardiogram, 93306 ☐ CARDIAC TELEMETRY (Duration:_____) ☐ EKG

Shortness of breath Chest Pain Heart Palpitations Abnormal EKG Hypertension Cardiomyopathy ASHD Tachycardia Bradycardia
COPD Diabetes Tobacco Use Family History of Heart Disease Atrial Fibrillation Coronary Artery Disease CHF Dizziness

☐ Carotid Doppler-Duplex Bilateral, 93880

Bruit Hypertension High Cholesterol Lack of Coordination Vertigo TIA Carotid Artery Stenosis
Tobacco Use Hypolipidemia Sudden Vision Loss Speech Disturbance Syncope & Collapse Hemiplegia

☐ Venous Doppler Extremity (Wave), 93970

History of DVT Extremity Cramping Extremity Numbness Extremity Swelling
Gangrene Edema (localized) Ulcer (lower Extremity) Tobacco Use
Vericose Veins with inflammation Pulmonary Embolism Skin Pigmentation Change Pain in legs: R L

☐ Arterial Doppler Extremity (Wave), 93925 & 93923 ☐ ABI 93922

Extremity Pain Extremity Numbness Extremity Swelling Cold Limbs/Digits Hyperlipidemia
Cramping Leg Weakness Ulcer/Chronic Ulcer PVD HTN
Tobacco Use Claudication Weakened Pedal Pulse Diabetes Weakened Pedal Pulse

☐ Abdominal Aorta Duplex, 93978

Dilated Aorta Tobacco Use Palpable Pulsatile Mass Abdominal Tenderness
Aortic Aneurysm without Rupture Raynaud's disease Abdominal Bruit Abdominal pain

☐ Ultrasound of Abdomen Complete, 76700 ☐ Renal Doppler, 93975

☐ Pelvic ultrasound 76856

RUQ Pain RLQ Pain LUQ Pain LLQ Pain Epigastric Pain Abdominal mass Gas Pain Chronic kidney disease Hematuria
Abdominal distension Colic Hepatic Fibrosis Biliary acute pancreatitis Abscess of liver Constipation
Other:_____ ☐ **Transvaginal Ultrasound 76830** ☐ **K.U.B. Ultrasound 74018**

☐ Ultrasound of Thyroid, 76536

Thyroid Goiter Thyroid Nodule Primary Hyperparathyroidism

☐ VNG (VIDEO NYSTEGMOGRAPHY)

Vertigo Lack of coordination Tinnitus Blurred Vision Confusion

Technician Signature:_____ Date:_____