BRONSON
Battle Creek

Affix Patient Label

Outpatient Registration 269-966-8000 x2070 - Hours 6:00AM-4:30PM
Inpatient Registration 269-966-8000 x5844 - Hours 8:30AM-5:00PM
Fax Number: 269-966-8145

Please do not bring minor children with you the day of your exam.
Only patients are allowed in the diagnostic testing rooms. Thank you!

Patient Name: (please print) _____ SS Number_____

Date and Time of Appointment _____ Register 30 min prior _____ DOB:_____

Diagnosis and/or Signs and Symptoms _____

Requesting Physician _____ Instructions: _____

☐ Hold Patient Call Report ☐ Release Patient Call Report Authorization Number_____

Central Scheduling (269) 966-8666 7:30 AM - 5:15 PM

DIAGNOSTIC RADIOLOGY

CHEST
- ☐ Chest PA/LAT
- ☐ Rib, RT _____ LT ____
- ☐ Sternum
- ☐ Other: _____

SKULL
- ☐ Facial Bones
- ☐ Mandible

ORBITS
- ☐ fracture ☐ foreign body
- ☐ Sinuses
- ☐ Skull
- ☐ Soft Tissue Neck
- ☐ Other: _____

ABDOMEN
- ☐ Abdomen, acute
- ☐ Abdomen, supine
- ☐ KUB
- ☐ Other: _____

SPINE/PELVIS
- ☐ Cervical
- ☐ Dorsal
- ☐ Lumbar
- ☐ Pelvis
- ☐ Sacrum/Coccyx
- ☐ Scoliosis - PA
- ☐ Scoliosis - PA and LAT
- ☐ Other: _____

LOWER EXTREMITY
- ☐ Ankle LT RT
- ☐ Femur LT RT
- ☐ Foot LT RT
- ☐ Hip LT RT
- ☐ Knee LT RT
- ☐ Os Calsis LT RT
- ☐ Tib/Fib LT RT
- ☐ Toe _____ LT RT
- ☐ Other: _____

UPPER EXTREMITY
- ☐ Clavicle LT RT
- ☐ Elbow LT RT
- ☐ Finger ____ LT RT
- ☐ Forearm LT RT
- ☐ Hand LT RT
- ☐ Humerus LT RT
- ☐ Scapula LT RT
- ☐ Shoulder LT RT
- ☐ Other: _____

URINARY TRACT*
- ☐ Cystogram
- ☐ IVP
- ☐ IVP w/ Tomography
- ☐ Voiding Cystogram
- ☐ Retrograde Urethogram

GASTROINTESTINAL*
- ☐ Barium Enema
- ☐ Esophagus (Ba swallow)
- ☐ Swallow Function Video
- ☐ Small Bowel
- ☐ UGI
- ☐ UGI w/ Small Bowel
- ☐ Other: _____

CAT SCAN*
- ☐ CT Abdomen/Pelvis
- ☐ CT Abdomen
- ☐ CT Brain
- ☐ CT Biopsy of _____
- ☐ CT Chest
- ☐ CT Chest PE
- ☐ CT Chest, High Resolution
- ☐ CT Extremity, Specify ____ RT ___ LT ___
- ☐ CT Soft Tissue Neck
- ☐ CT Kidney Stone Protocol
- ☐ CT Pelvis
- ☐ CT Sinus
- ☐ CT Cervical Spine
- ☐ CT Thoracic Spine
- ☐ CT Lumbar Spine ____(Indicate level T 1 to 12)
- ☐ Other: _____

ULTRASOUND*
- ☐ Abdomen Echo
- ☐ Gallbladder
- ☐ Amniocentesis
- ☐ Breast Echo LT___ RT ___
- ☐ Prostate ☐ OB echo
- ☐ Pelvic echo ☐ Renal echo
- ☐ Scrotum echo
- ☐ Soft Tissue (specify) ☐ Head or Neck ☐ Non Vas Extremity
- ☐ Sonohysteroscopy
- ☐ Thyroid echo
- ☐ Trans Vag
- ☐ Other: _____

VASCULAR LAB*
- ☐ Carotid
- ☐ Venous Duplex
- ☐ Arterial Duplex
- ☐ Aorta Duplex
- ☐ Bypass gr eval
- ☐ AV Fistula Duplex
- ☐ Thoracic Outlet syn Study
- ☐ Arterial Limited - (R/O pseudoaneurysm)

Interpreting Physician:

MRI IMAGING*
To Interpret: ☐ Neurologist ☐ Radiologist
☐ w/contrast ☐ w/o contrast

BRAIN
- ☐ Brain ☐ Pituitary
- ☐ IAC ☐ Orbits
- ☐ Other _____

SPINE
- ☐ Cervical ☐ Lumbar
- ☐ Thoracic ☐ Spine Screen

ABDOMEN
- ☐ Liver ☐ Pelvis
- ☐ MRCP Cholangiogram Protocol
- ☐ Chest ☐ Mediastinum
- ☐ Other _____

MUSCULO SKELETAL
- ☐ Shoulder RT ___ LT ___
- ☐ Knee RT ___ LT ___
- ☐ Elbow RT ___ LT ___
- ☐ Wrist RT ___ LT ___
- ☐ Hand RT ___ LT ___
- ☐ Finger RT ___ LT ___
- ☐ Hip RT ___ LT ___
- ☐ Ankle RT ___ LT ___
- ☐ Foot RT ___ LT ___
- ☐ Other _____

MRA ANGIOGRAM
To Interpret: ☐ Neurologist ☐ Radiologist
☐ w/contrast ☐ w/o contrast
- ☐ Abdomen
- ☐ Head (Brain)
- ☐ Neck (Carotids)
- ☐ Pelvis
- ☐ Lower Ext RT ___ LT ___
- ☐ Other _____
- ☐ Renal Arteries

MISC
- ☐ TMJ
- ☐ Other _____

DEXA BONE DENSOMETRY*
- ☐ Bone Density

SLEEP LAB*
- ☐ Sleep Study
- ☐ Multiple Sleep Latency Testing (MSLT)
- ☐ CPAP

NUCLEAR MEDICINE*
- ☐ Hepatobiliary Scan ☐ w/ EF ☐ w/o EF
- ☐ Bone Scan ☐ SPECT ☐ WB ☐ Phase 3 ☐ Limited of: _____
- ☐ Gastric Emptying ☐ solid
- ☐ Lung Scan
- ☐ Lung Perfusion
- ☐ Renal w/Captopril
- ☐ Renal w/Lasix
- ☐ Thyroid Uptake
- ☐ Thyroid Scan
- ☐ Thyroid Scan w/ Uptake
- ☐ MUGA
- ☐ Other _____

CARDIAC HEALTH*

MYOCARDIAL IMAGING*
(with Nuclear Medicine scan)
(Tests must be scheduled with performing physician)
- ☐ *Graded Exercise Sress*
- ☐ *Dipyridamole (Persantine)*
- ☐ *Dobutamine*

ECHOCARDIOGRAPHY*
- ☐ Echocardiogram
- ☐ *Dobutamine Stress Echo (DSE)*
- ☐ *Graded Exercise Sress Echocardiogram*
- ☐ *Transesophageal (TEE)*

GENERAL CARDIAC TESTS*
- ☐ *Graded Exercise Stress-Treadmill*
- ☐ EKG - Routine
- ☐ Holter Monitoring (24-hour EKG)
- ☐ Tilt Table

NEURODIAGNOSTICS*

ELECTROENCEPHALOGRAPHY*
- ☐ Routine EEG
- ☐ Sleep Deprived EEG
- ☐ Ambulatory EEG

EVOKED POTENTIALS
- ☐ BAER - Brainstem
- ☐ VEP - Visual
- ☐ SSEP - somatosensory ☐ Upper ☐ Lower ☐ Left ☐ Right
- ☐ ENG

Miscellaneous
- ☐ Lumbar puncture
- ☐ Blink Reflex
- ☐ Tremor Monitor

RESPIRATORY CARE*
- ☐ Complete Pulmonary Function Test (CPFT)
- ☐ Complete PFT w/wo dilator
- ☐ Methacholine Test
- ☐ 6 MIN Walk
- ☐ Arterial Blood Gas
- ☐ MEPS & MIPS
- ☐ Pulmonary EST w/ Metabolic Cart
- ☐ Pulmonary EST w/ flow volume loops
- ☐ Spirometry
- ☐ Spirometry w/o dilator
- ☐ Asthma Education
- ☐ Smoking Cessation

LABORATORY
- ☐ Bilirubin
- ☐ BMP
- ☐ BUN
- ☐ Creatinine
- ☐ CBC without Diff
- ☐ CBC with Diff
- ☐ Complete Metabolic Profile
- ☐ CRP
- ☐ Hemoglobin A1C
- ☐ Hepatic Function Panel
- ☐ Lipid Panel (Screen)
- ☐ Prothrombin Time (PT)
- ☐ PTT
- ☐ PSA
- ☐ Pregnancy Test (Serum)
- ☐ Thyroid Panel
- ☐ TSH ☐ T3 ☐ T4
- ☐ Urinalysis
- ☐ _____
- ☐ _____
- ☐ _____

Direct Scheduling

NEURODIAGNOSTICS
(269) 969-6177
- ☐ EMG - Must be scheduled through performing physician. ☐ Left ☐ Right ☐ Upper ☐ Lower

(performed at Outpatient Center)

CARDIAC HEALTH
(Outpatient Center (269) 966-8199 or toll free at (800) 780-1471)
- ☐ King of Hearts

EXAMS MUST BE SCHEDULED FOR THESE PROCEDURES AS INDICATED BY "*"

Physician Signature: _____ **Date:** _____ **Time:** _____

*NOTE: Orders written by e.g. PA, CNP, PNP, Nurse Midwife, etc. **must** be countersigned by physician's whose direction, supervision and responsibility they are under.

PHYSICIAN'S ORDER - OUTPATIENT SERVICES