BASHA DIAGNOSTICS, P.C.

www.BashaOpenMri.com
Sterling Heights Clinic - (586) 566-8680 Dearborn Clinic - (313) 584-0768
Woodward Clinic - (248) 288-1600 MRI Scheduling - (248) 288-5490
Scheduling Fax - (248) 435-8099

X-Ray Prep

Women who may be possibly pregnant requesting X-rays or CT Scans, please speak to Dr. Basha or a technologist prior to test.

CT Scan Prep

1.) Any Allergies? _____

2.) Patients with any 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.) Women who may be possibly pregnant requesting X-rays or CT Scans, please speak to Dr. Basha or a technologist prior to test.

NO FOOD OR LIQUIDS 3 HOURS PRIOR TO TEST FOR THE FOLLOWING: CT Abdomen or Pelvis, CT Chest, CT Soft Tissue Neck, CT Head, CTA (Angiogram, Aorta) CT Urogram

MRI with contrast Prep

1.) Over the age of 50 or history of Renal disease, please bring results of latest blood work.

2.) No food or liquids 2 hours prior to the test.

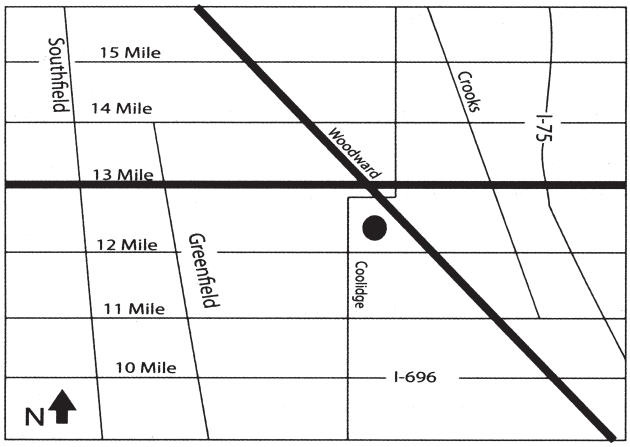
Ultrasound Prep

Abdominal/ Gallbladder -
Do not eat or drink (no gum chewing) after midnight prior to your exam. Appointments after 12 noon, do not eat or drink anything 5 hours prior to your exam.

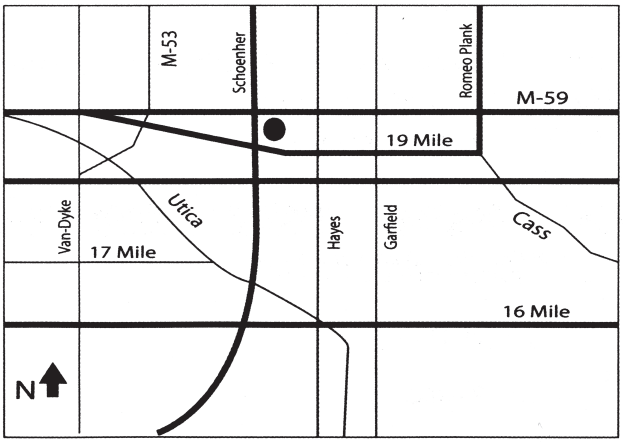
Pelvis/ prostate
Drink four to five 8 oz. glasses of water one hour prior to exam. DO NOT URINATE.

Nuclear Medicine Prep

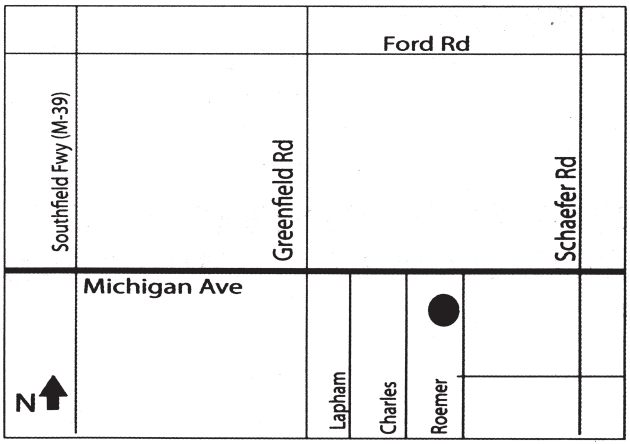
Please call scheduling department for specific prep details. Cardiac, Thyroid and HIDA scans all have specific requirements that MUST be followed in order to complete exam.



Woodward Clinic/Medical Records
30701 Woodward Royal Oak, MI 48073
248-288-1600 fax: 248-288-2171



Sterling Height Clinic
13753 19 Mile Rd Sterling Heights, MI 48313
586-566-8680 fax: 586-566-8730



Dearborn Clinic
4407 Roemer Dearborn, MI 48126
313-584-0769 fax: 313-945-9339

BASHA OPEN MRI
BASHA DIAGNOSTICS
WHERE 30 YEARS EXPERIENCE COUNTS
www.BashaOpenMri.com

SAME DAY OR NEXT DAY APPOINTMENTS

30701 WOODWARD AVE., SUITE LL
ROYAL OAK, MI 48073-0988

Sterling Heights Clinic - (586) 566-8680
Dearborn Clinic - (313) 584-0768
Woodward Clinic - (248) 288-1600

MRI Scheduling - (248) 288-5490
Scheduling Fax - (248) 435-8099

Dr Name	
Address	
Phone	Fax
Physician Sign	Date

Patient's Name	Date of Birth	Appt Date/Time	Contact Phone

History & Clinical Diagnosis

MRI

☐ BRAIN
- ☐ With Contrast
- ☐ Without Contrast

Attention:
- ☐ IAC's
- ☐ Pituitary

☐ TMJ
☐ ORBIT
☐ Soft Tissue Neck

EXTREMITIES:
- ☐ Shoulder ☐ L ☐ R
- ☐ Hip ☐ L ☐ R
- ☐ Knee ☐ L ☐ R
- ☐ Ankle ☐ L ☐ R
- ☐ Foot ☐ L ☐ R
- ☐ Elbow ☐ L ☐ R
- ☐ Wrist ☐ L ☐ R
- ☐ Hand ☐ L ☐ R

☐ Pelvis ☐ L ☐ R

SPINE:
- ☐ Complete
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar Spine
- ☐ Sacrum/Coccyx
  - ☐ With Contrast
  - ☐ Without Contrast
- ☐ Nerve Imaging (neurography)

☐ ABDOMEN ATTN: _____
- ☐ MRCP
- ☐ Pelvis
- ☐ Indirect Arthrogram of _____

OTHER:
_____
_____
_____
_____

MRA

☐ Brain ☐ Cartoids ☐ Renal Arteries ☐ Aorta ☐ Lower Extremities
☐ Abdomen Attention: _____ ☐ Other _____
☐ MRV Attention: _____ ☐ With Contrast ☐ Without Contrast

CT SCAN

☐ Brain
☐ Soft Tissue Neck
☐ Orbits
☐ Face
☐ Sinus
☐ Temporal Bones
☐ Chest
☐ Abdomen
☐ Pelvis
☐ C-Spine
☐ T-Spine
☐ L-Spine
☐ Extremity Attn: _____
☐ Bony Pelvis
☐ Hip ☐ L ☐ R
☐ With Contrast ☐ Without Contrast

CTA

☐ Brain ☐ Cartoids ☐ Renal Arteries ☐ Aorta ☐ Lower Extremities
☐ Other _____
☐ With Contrast ☐ Without Contrast

X-RAY

☐ Upper Extremities _____ ☐ Lower Extremities _____
☐ Chest ☐ Other _____

ULTRASOUND

☐ Abdominal Study
☐ Arterial Doppler
- ☐ Upper Extremities
- ☐ Lower Extremities

☐ Thyroid
☐ Venous Doppler
- ☐ Upper Extremities
- ☐ Lower Extremities

☐ Breast
☐ Male Pelvis
- ☐ Prostate
- ☐ Transrectal

☐ Testicles
☐ Female Pelvis
- ☐ Trans vag

☐ Carotid Doppler
☐ Other _____

☐ BONE DENSITY ☐ MAMMOGRAPHY ☐ EMG ☐ STRESS ECHO
☐ ECHOCARDIOGRAM ☐ PLAIN STRESS TEST ☐ HOLTER (24 HRS) ☐ EKG

NUCLEAR

☐ Bone Scan
- ☐ Limited
- ☐ Whole Body

☐ Cardiac
- ☐ Exercise Stress
- ☐ Chemical Stress

☐ Thyroid
- ☐ Scan Only
- ☐ Uptake Scan

☐ HIDA
☐ Other _____
_____

PLEASE SEE BACK FOR CLINIC MAPS AND CONTACT INFORMATION