



# BASHA OPEN MRI

WHERE 30 YEARS EXPERIENCE COUNTS

www.BashaOpenMri.com

Royal Oak Clinic - (248) 435-8066 Sterling Heights Clinic - (586) 566-8680

Dearborn Clinic - (313) 584-0768 Woodward Clinic - (248) 288-1600 **Scheduling Fax - (248) 435-8099**

Dr Name

Address

Phone/Email

Patient's Name

Date of Birth

Apt Date/Time

Contact Phone

History & Clinical Diagnosis

Physician's Signature

Date

Case #

## MRI

BRAIN

Contrast

With/Without Contrast

Circle Attention to :

IAC's

Sinuses

Pituitary

## EXTREMITIES

Shoulder

Hip

Knee

Ankle

Foot

Elbow

Wrist

Hand

Contrast

With/Without Contrast

L  R

L  R

L  R

L  R

L  R

L  R

L  R

L  R

## SPINE

Complete

Cervical

Thoracic

Lumbic Sacral

Lumbar Spine

Contrast

With/Without Contrast

ABDOMEN

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MRA

Brain

Carotids

Renal Arteries

Aorta

Lower Extremities

Abdomen \_\_\_\_\_

Other \_\_\_\_\_

Contrast

With/Without Contrast

## CT SCAN

Brain

MRV

Chest

Cervical

Thoracic

Lumbar Spine

Abdominal/Pelvic

Extremity / Area to be scanned \_\_\_\_\_

History of allergies or any contradictions using contrast media \_\_\_\_\_

Contrast

With/Without Contrast

## CTA

Brain

Carotids

Renal Arteries

Aorta

Lower Extremities

Other \_\_\_\_\_

Contrast

With/Without Contrast

## X-RAY

Upper Extremities \_\_\_\_\_

Lower Extremities \_\_\_\_\_

Chest  Other \_\_\_\_\_

## ULTRASOUND

Abdominal Study

Thyroid

Breast

Kidneys

Testicles

Pelvis/Trans vaginal

Arterial Doppler

Venous Doppler

OB Pregnancy

Carotid Doppler

Upper Extremity

Upper Extremity

Male Pelvis Prostate/Transrectal

Lower Extremity

Lower Extremity

Other \_\_\_\_\_

**BONE DENSITY**  **MAMMOGRAPHY**  **EMG**  **EEG**  **EKG**  **STRESS ECHO**

**ECHOCARDIOGRAM**  **PLAIN STRESS TEST**  **HOLTER (24 HRS)**

NOTES:

PLEASE SEE BACK FOR CLINIC MAPS AND CONTACT INFORMATION

**X-Ray 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

**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 (Brain, IAC's Orbits, Pituitary, TMJ, Post Fossa), CT Sinuses/Facial Bones, CTA (Angiogram, Aorta) CT Urogram UGI

**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 -

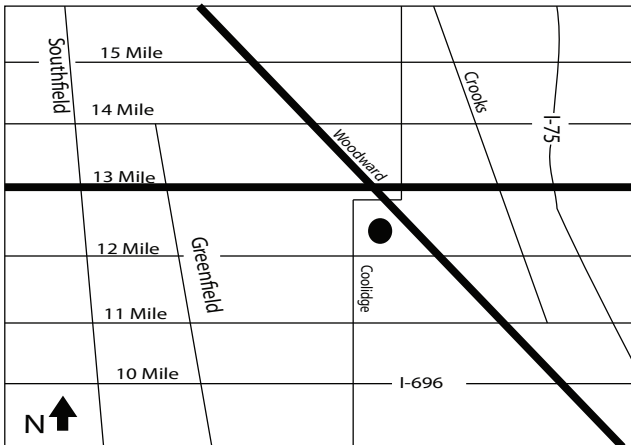
Do not eat or drink (no gum chewing) after midnight prior to your exam.  
Appointments after 12 noon, do not eat or drink anything 5 hours prior to your exam

Obstetrical

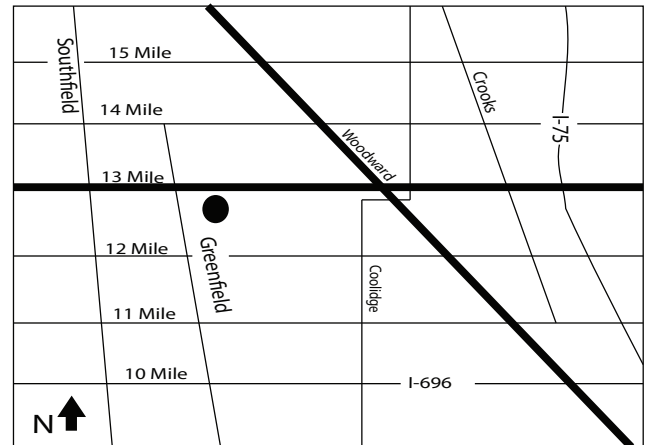
If under 4 months pregnant follow same instructions as PELVIS. If over 4 months pregnant drink 2 16oz glasses of water one hour prior to exam. DO NOT URINATE

Pelvis/ prostate

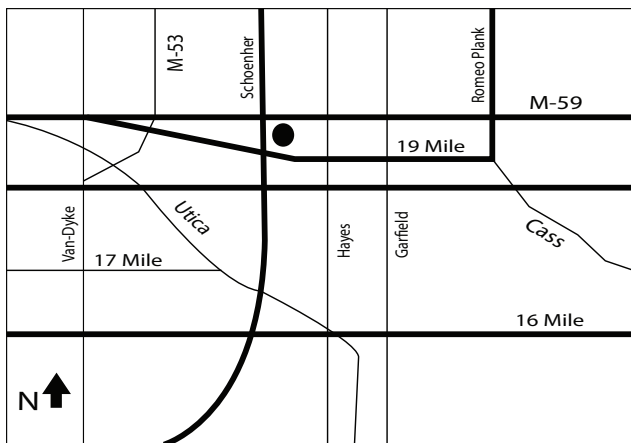
Drink four to five 8oz glasses of water one hour prior to exam.  
DO NOT URINATE



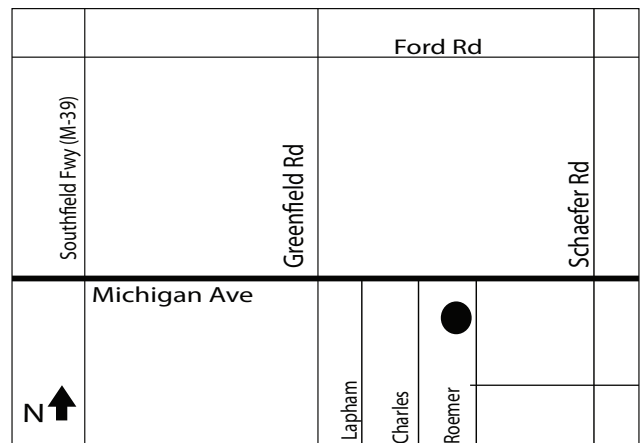
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