



Insight Imaging

CT Order

Phone: 810-275-9688 Fax: 810-963-1900 www.iinn.com
4800 S. Saginaw Street – Suite 1650 – Flint, MI 48507

Date: _____ Auto / Work Comp Related? Yes _____ No _____

Name: _____ DOB: _____ Age: _____

Sex: M F HT: _____ WT: _____

Are you allergic to Iodine, Shrimp, Shellfish? Y N Premedicated? Y N _____

Have you had a CT scan before with IV contrast? Y N If yes, where / when? _____

Have you had any previous testing done on the target area? Y N _____

Drug allergies: _____

Current medications: _____

DOES PATIENT HAVE OR HAVE HAD ANY OF THE FOLLOWING?

Kidney Problem Explain:	Y	N	TB or other contagious diseases Explain:	Y	N	Cancer Type:	Y	N
Diabetes	Y	N	Stroke/ Mini Strokes	Y	N	Radiation/Chemo Treatment	Y	N
Heart Attack/ Failure	Y	N	Trauma to affected area	Y	N	Multiple Myeloma	Y	N
Smoker	Y	N	Abdomen/ Pelvic Surgeries	Y	N	Sickle Cell Anemia	Y	N
Asthma	Y	N	Diverticulitis/Crohn's/IBS	Y	N	Pregnant/Breast Feeding	Y	N
Hypertension	Y	N	Kidney Stones	Y	N	Aneurysm	Y	N
Seizures	Y	N	Lumps, Bumps, Masses	Y	N	Hernia	Y	N

PLEASE CIRCLE ALL SYMPTOMS YOU ARE HAVING:

Pain in Abdomen/Pelvis	Frequent UTI	Pain in Side	Pain in Lower Back
Numbness/Tingling in feet	Nausea	Swelling in Feet	Cold Feet
Blood in Urine	Blood in Stool	Diarrhea	Pain in Legs
Constipation	Bloating	Vomiting	Weight Loss
Difficulty/Pain when Urinating	Loss of Appetite	Burning/Tearing sensation in back of Abdomen	
Symptom Onset: _____			
Please list any other surgeries or symptoms you may be having: _____			

PREPARING FOR YOUR CT/CTA EXAM:

- Bring your prescription to the appointment
- Bring insurance cards and driver's license to your appointment
- Arrive 15 minutes prior to your appointment time to complete paperwork
- Please let us know if you are pregnant or breastfeeding
- You must have your insurance referral form and/or pre-authorization number if required
- Please give our office 24-hour notice if you cannot keep your appointment
- Call us anytime if you have questions
- Related radiographic/imaging studies should accompany patients

CT Scans and CTA (30-45 minute test)

- Please remove all metallic objects
- CT with contrast/CTA: No food or liquid 4 hours prior to your exam, may take medication with a small amount of water.
- CT abdomen: drink one bottle of oral barium 45 minutes prior to your exam
- CT abdomen and pelvis and CT pelvis: drink one bottle of oral barium 2 hours prior to your exam, drink second bottle of oral barium 30 minutes prior to your exam

Diabetic patients having contrast: Do not take any form of Metformin the morning of your test. You must remain off any type of Metformin 48 hours after your CT scan.

Iodine Allergy Prep: Take 40mg tablet(s) of Prednisone at bedtime the evening before your exam. Take 40 mg tablet(s) of Prednisone, and 50 mg of diphenhydramine (Benadryl) 2 hours prior to your exam.

Directions To INSIGHT IMAGING



From I-475 Southbound

Follow I-475S to Exit 4
Stay in left lane and follow turn around to Northbound S. Grand Traverse St.
Turn right on W. Hemphill Rd.
IINN will be on your left hand side
Check-in is on the 1st floor.

From I-475 Northbound

Follow I-475N to Exit 4
Follow Northbound S. Grand Traverse St,
Get in the right lane
IINN will be on your left hand side
Check-in is on the 1st floor.

*****Staff Use Only*****

Ordering Physician: _____ Phone: _____ Fax: _____

Contrast: W W/O W/WO Contrast Type: _____ Contrast Amount: _____ Lot#/Exp: _____

Bun/Creat: _____ Date Drawn: _____ Tech Signature: _____