

Department of Radiology

MSU Clinical Center

Park in Lot 90, West of Clinical Center
 804 Service Rd, Ste A204 (2nd Floor)
 East Lansing, MI 48824
 Ph 517-353-4920 (Ext 3)
 Fax 517-432-2243

4th Floor Eyde Building (X-RAY ONLY)

Adjacent to MSU Sports Medicine
 4660 S. Hagadorn Rd, Ste 410 (4th Floor)
 East Lansing, MI 48823
 Ph 517-884-6132
 Fax 517-884-6236

5th Floor Eyde Building (X-RAY ONLY)

Adjacent to MSU Spine Center
 4660 S. Hagadorn Rd, Ste 510 (5th Floor)
 East Lansing, MI 48823
 Ph 517-884-7450
 Fax 517-884-7460

Patient Name _____ DOB _____ Phone _____

Diagnosis/ICD Code(s) _____

Reason for Test or Referral/Signs & Symptoms _____

Injury Date _____ **STAT** Call report to: _____

Please Fax Referral Form with insurance Card(s)—front and back

GENERAL X-RAY

Head

- Skull
- Facial Bones
- Orbits (for foreign body)
- Mandible
- Nasal Bones
- Sinuses

Spine

- Cervical Spine
- Cervical Spine (Flex. & Ext.)
- Thoracic Spine
- Lumbar Spine
- Lumbar Spine (Flex. & Ext.)
- Sacrum/Coccyx
- Sacroiliac Joints
- Scoliosis _____
- Postural _____
- Complete Spine

Thorax

- Chest _____
- Ribs
- Sternoclavicular Joints
- Sternum

Abdomen

- Abdomen (KUB & upright)
- Abdomen Series (inc. PA CXR)
- KUB

Upper Extremities

- Clavicle
- AC Joints
- Shoulder
- Scapula
- Humerus
- Elbow
- Forearm

- Wrist
- Hand
- Finger _____
- Bone Age Studies
- Upper Extremity (Infant)

Lower Extremities

- Pelvis
- Hip
- Femur
- Knee
- Leg (Lower)
- Ankle
- Os Calcis
- Foot
- Toe _____
- Lower Extremity (Infant)
- Bone Length Studies ¹

ULTRASOUND

Abdomen

- Abdomen
- Aorta
- Renal Renal Artery
- Bladder
- Pelvic:

Offered at both of the following locations, please select if there is a preference:

- MSU Clinical Center
- MSU Women's Imaging Center
[Women's Imaging Referral Form](#)

- Prostate
- Scrotal

MSK U/S _____

Neck

- Thyroid
- Lymph Node Mapping

- Soft Tissue Neck
- Thyroid Biopsy: Lt qty ____ Rt qty ____
- Thyroid Aspiration: Lt qty ____ Rt qty ____

Venous

- Carotid
- Arm Vein
- Arm Artery
- Leg Vein
- Leg Artery

FLUOROSCOPY ¹

Barium Studies

- Esophagus
- UGI with Air
- Small Bowel
- UGI/Small Bowel
- Barium Enema (BE)
- BE with Air

Arthrograms *Please refer to [MR Referral Form](#).*

Neurological Exams

Lumbar Puncture (LP) ²

Myelograms *Please refer to [CT Referral Form](#).*

MISC.

- Bone Densitometry:
Offered at both of the following locations, please select if there is a preference:
 - MSU Clinical Center
 - MSU Women's Imaging Center
- Bone Survey
- Bursagram ²
- Intra-Articular Injection (HP) ²
- Other: _____

¹ Denotes exams offered at the MSU Clinical Center location only.

² Please refer to [Interventional Radiology Referral Form](#).

Referring Physician/Provider Information

Signature or stamp **X** _____

Print Name _____

Form filled out by _____

Office Phone _____

Office Fax _____