

MILLENNIUM MEDICAL GROUP SOUTH, P.C.

DIAGNOSTIC CENTER

8850 S. Telegraph Rd. Taylor, MI 48180
Phone (313) 299-2360 Fax (313) 299-2362

REQUEST FORM

Patient Name: _____ Date of Birth: _____

Appointment Date: _____ Appointment Time: _____

Home Phone: _____ Alternate Phone: _____

Requesting Physician: _____ Phone: _____

Clinical Information: _____

EMG-Nerve Conduction Testing

Upper Lower Right Left Both

VASCULAR

Arterial Doppler Lower Extremity Carotid Doppler Venous Doppler Lower Extremity
 Right Left Bilateral Right Left Bilateral

ECHOCARDIOGRAM

Echo Stress Echo

ULTRASOUND

Abdomen Pelvic Gallbladder
 Urinary bladder Renal Thyroid
 Special attention to: _____

NUCLEAR SCAN

Bone scan Tri-phase bone scan
 Liver and Spleen Kidney Thyroid scan
 HIDA Gallbladder ejection fraction

NUCLEAR STRESS TEST

Exercise Non-exercise (Persantine, Dobutamine, etc.)
 Other Procedures: _____

- Arterial Aneurysm
- Claudication
- Carotid Stenosis
- Carotid Bruit
- DVT
- PVD
- Mitral Valve DX
- Abnormal EKG
- Chest Pain
- CAD
- Abdomen Pain
- Mass
- Abdomen Aneurysm
- Kidney DX
- Liver DX
- Thyroid/Goiter
- Thyroid DX
- Pre-op
- Other

*** PLEASE BRING THIS REQUEST AND INSURANCE REFERRALS AS REQUIRED ***

**ANY CANCELLATIONS MUST BE DONE AT LEAST 24 HOURS PRIOR TO YOUR APPOINTMENT TIME
OR YOU WILL BE CHARGED FOR THE COST OF THE MATERIALS THAT MAY BE WASTED**