



Drs. Maklansky, Kurzban, Cohen, Zimmer, Hyman, Berson, Maklansky

NEW YORK MEDICAL IMAGING Associates
Tel: 212.535.9770 Fax: 212.988.1520

165 East 84th Street, New York, NY 10028
www.NYMIassociates.com

PATIENT NAME FIRST:

LAST:

PATIENT PHONE #:

DATE:

CLINICAL INFORMATION:

PHYSICIAN NAME:

PHYSICIAN PHONE #:

NOTES:

CARDIO - VASCULAR REFERRAL FORM

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">MRI</th> <th style="text-align: left;">1.5 T HIGH FIELD</th> </tr> <tr> <td>IV CONTRAST*:</td> <td>YES NO</td> </tr> <tr> <td>CARDIAC MR</td> <td></td> </tr> <tr> <td> ANATOMIC/STRUCTURE</td> <td></td> </tr> <tr> <td> FLOW/QUANTIFICATION/WALL MOTION</td> <td></td> </tr> <tr> <td>NECK</td> <td>ANATOMIC/STRUCTURE</td> </tr> <tr> <td>CHEST</td> <td></td> </tr> <tr> <td>ABDOMEN</td> <td></td> </tr> <tr> <td>PELVIS</td> <td></td> </tr> <tr> <td>EXTREMITY.....</td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> </tr> <tr> <th colspan="2" style="text-align: left;">MRA ANGIOGRAM</th> </tr> <tr> <td>ARTERIAL</td> <td>VENOUS</td> </tr> <tr> <td>HEAD/BRAIN ANGIO</td> <td></td> </tr> <tr> <td>CARDIO & VERTEBRAL ANGIO</td> <td></td> </tr> <tr> <td>CHEST ANGIO</td> <td></td> </tr> <tr> <td>ABDOMEN ANGIO</td> <td></td> </tr> <tr> <td>PELVIS ANGIO</td> <td></td> </tr> <tr> <td>UPPER EXTREMITY ANGIO</td> <td></td> </tr> <tr> <td>LOWER EXTREMITY ANGIO</td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> </tr> </table>	MRI	1.5 T HIGH FIELD	IV CONTRAST*:	YES NO	CARDIAC MR		ANATOMIC/STRUCTURE		FLOW/QUANTIFICATION/WALL MOTION		NECK	ANATOMIC/STRUCTURE	CHEST		ABDOMEN		PELVIS		EXTREMITY.....		OTHER		MRA ANGIOGRAM		ARTERIAL	VENOUS	HEAD/BRAIN ANGIO		CARDIO & VERTEBRAL ANGIO		CHEST ANGIO		ABDOMEN ANGIO		PELVIS ANGIO		UPPER EXTREMITY ANGIO		LOWER EXTREMITY ANGIO		OTHER		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CT SCAN 64-DETECTOR</th> </tr> <tr> <td>IV CONTRAST*:</td> <td>YES NO</td> </tr> <tr> <td colspan="2" style="text-align: center;">WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY</td> </tr> <tr> <td>CARDIAC CT:</td> <td></td> </tr> <tr> <td> CALCIUM SCORE NO CONTRAST</td> <td></td> </tr> <tr> <td> CT CORONARY ANGIOGRAM CCTA</td> <td></td> </tr> <tr> <td> CARDIAC STRUCTURE</td> <td></td> </tr> <tr> <td> EJECTION FRACTION</td> <td></td> </tr> <tr> <td>AORTA</td> <td></td> </tr> <tr> <td>THORACIC</td> <td></td> </tr> <tr> <td>ABD/PELVIC</td> <td></td> </tr> <tr> <td>PULMONARY ANGIO</td> <td></td> </tr> <tr> <td>BRAIN ANGIO</td> <td></td> </tr> <tr> <td>NECK/CAROTOID ANGIO</td> <td></td> </tr> <tr> <td>MESENTERIC ANGIOGRAM</td> <td></td> </tr> <tr> <td>EXTREMITY.....</td> <td></td> </tr> <tr> <td>RUNOFF STUDY</td> <td></td> </tr> <tr> <td>3D RECONSTRUCTION</td> <td></td> </tr> <tr> <td>OTHER.....</td> <td></td> </tr> </table>	CT SCAN 64-DETECTOR	IV CONTRAST*:	YES NO	WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY		CARDIAC CT:		CALCIUM SCORE NO CONTRAST		CT CORONARY ANGIOGRAM CCTA		CARDIAC STRUCTURE		EJECTION FRACTION		AORTA		THORACIC		ABD/PELVIC		PULMONARY ANGIO		BRAIN ANGIO		NECK/CAROTOID ANGIO		MESENTERIC ANGIOGRAM		EXTREMITY.....		RUNOFF STUDY		3D RECONSTRUCTION		OTHER.....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FILM PREFERENCE</th> </tr> <tr> <td>NO FILM</td> </tr> <tr> <td>CD</td> </tr> <tr> <td>FILM</td> </tr> <tr> <td>PAPER</td> </tr> <tr> <td>KEY IMAGES</td> </tr> <tr> <th style="text-align: left;">CT SCAN 64-DETECTOR</th> </tr> <tr> <td>IV CONTRAST*:</td> <td>YES NO</td> </tr> <tr> <td colspan="2" style="text-align: center;">WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY</td> </tr> <tr> <td>BRAIN</td> </tr> <tr> <td>NECK</td> </tr> <tr> <td>CHEST</td> </tr> <tr> <td>ABDOMEN</td> </tr> <tr> <td>PELVIS</td> </tr> <tr> <td>CT SMALL BOWEL</td> </tr> <tr> <td>VIRTUAL COLONOSCOPY (SCREENING)</td> </tr> <tr> <td>CT ATTN: PANCREAS</td> </tr> <tr> <td>CT ATTN: LIVER</td> </tr> <tr> <td>OTHER:.....</td> </tr> <tr> <th style="text-align: left;">GENERAL RADIOLOGY</th> </tr> <tr> <td>DEXA</td> </tr> <tr> <td>CHEST</td> </tr> <tr> <td>CARDIAC SERIES</td> </tr> <tr> <td>OBSTRUCTIVE SERIES</td> </tr> <tr> <td>KUB</td> </tr> <tr> <td>OTHER:.....</td> </tr> </table>	FILM PREFERENCE	NO FILM	CD	FILM	PAPER	KEY IMAGES	CT SCAN 64-DETECTOR	IV CONTRAST*:	YES NO	WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY		BRAIN	NECK	CHEST	ABDOMEN	PELVIS	CT SMALL BOWEL	VIRTUAL COLONOSCOPY (SCREENING)	CT ATTN: PANCREAS	CT ATTN: LIVER	OTHER:.....	GENERAL RADIOLOGY	DEXA	CHEST	CARDIAC SERIES	OBSTRUCTIVE SERIES	KUB	OTHER:.....
MRI	1.5 T HIGH FIELD																																																																																																												
IV CONTRAST*:	YES NO																																																																																																												
CARDIAC MR																																																																																																													
ANATOMIC/STRUCTURE																																																																																																													
FLOW/QUANTIFICATION/WALL MOTION																																																																																																													
NECK	ANATOMIC/STRUCTURE																																																																																																												
CHEST																																																																																																													
ABDOMEN																																																																																																													
PELVIS																																																																																																													
EXTREMITY.....																																																																																																													
OTHER																																																																																																													
MRA ANGIOGRAM																																																																																																													
ARTERIAL	VENOUS																																																																																																												
HEAD/BRAIN ANGIO																																																																																																													
CARDIO & VERTEBRAL ANGIO																																																																																																													
CHEST ANGIO																																																																																																													
ABDOMEN ANGIO																																																																																																													
PELVIS ANGIO																																																																																																													
UPPER EXTREMITY ANGIO																																																																																																													
LOWER EXTREMITY ANGIO																																																																																																													
OTHER																																																																																																													
CT SCAN 64-DETECTOR																																																																																																													
IV CONTRAST*:	YES NO																																																																																																												
WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY																																																																																																													
CARDIAC CT:																																																																																																													
CALCIUM SCORE NO CONTRAST																																																																																																													
CT CORONARY ANGIOGRAM CCTA																																																																																																													
CARDIAC STRUCTURE																																																																																																													
EJECTION FRACTION																																																																																																													
AORTA																																																																																																													
THORACIC																																																																																																													
ABD/PELVIC																																																																																																													
PULMONARY ANGIO																																																																																																													
BRAIN ANGIO																																																																																																													
NECK/CAROTOID ANGIO																																																																																																													
MESENTERIC ANGIOGRAM																																																																																																													
EXTREMITY.....																																																																																																													
RUNOFF STUDY																																																																																																													
3D RECONSTRUCTION																																																																																																													
OTHER.....																																																																																																													
FILM PREFERENCE																																																																																																													
NO FILM																																																																																																													
CD																																																																																																													
FILM																																																																																																													
PAPER																																																																																																													
KEY IMAGES																																																																																																													
CT SCAN 64-DETECTOR																																																																																																													
IV CONTRAST*:	YES NO																																																																																																												
WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY																																																																																																													
BRAIN																																																																																																													
NECK																																																																																																													
CHEST																																																																																																													
ABDOMEN																																																																																																													
PELVIS																																																																																																													
CT SMALL BOWEL																																																																																																													
VIRTUAL COLONOSCOPY (SCREENING)																																																																																																													
CT ATTN: PANCREAS																																																																																																													
CT ATTN: LIVER																																																																																																													
OTHER:.....																																																																																																													
GENERAL RADIOLOGY																																																																																																													
DEXA																																																																																																													
CHEST																																																																																																													
CARDIAC SERIES																																																																																																													
OBSTRUCTIVE SERIES																																																																																																													
KUB																																																																																																													
OTHER:.....																																																																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">N.M. SCINTIGRAPHY</th> </tr> <tr> <td>MUGA BLOOD POOL STUDY RESTING</td> <td>OCTREOTIDE (CARCINOID)</td> </tr> <tr> <td>THALLIUM STRESS TEST**</td> <td>MECKEL'S SCAN</td> </tr> <tr> <td>RENAL SCAN</td> <td>BONE SCAN</td> </tr> <tr> <td>CAPTOPRIL RENAL SCAN</td> <td>SPECT IMAGING</td> </tr> <tr> <td>GI BLEEDING STUDY</td> <td>OTHER.....</td> </tr> <tr> <td>LABELLED RED CELL (HEMANGIOMA)</td> <td></td> </tr> <tr> <td colspan="2">**UPON DISCUSSION WITH RADIOLOGIST</td> </tr> </table>			N.M. SCINTIGRAPHY	MUGA BLOOD POOL STUDY RESTING	OCTREOTIDE (CARCINOID)	THALLIUM STRESS TEST**	MECKEL'S SCAN	RENAL SCAN	BONE SCAN	CAPTOPRIL RENAL SCAN	SPECT IMAGING	GI BLEEDING STUDY	OTHER.....	LABELLED RED CELL (HEMANGIOMA)		**UPON DISCUSSION WITH RADIOLOGIST																																																																																													
N.M. SCINTIGRAPHY																																																																																																													
MUGA BLOOD POOL STUDY RESTING	OCTREOTIDE (CARCINOID)																																																																																																												
THALLIUM STRESS TEST**	MECKEL'S SCAN																																																																																																												
RENAL SCAN	BONE SCAN																																																																																																												
CAPTOPRIL RENAL SCAN	SPECT IMAGING																																																																																																												
GI BLEEDING STUDY	OTHER.....																																																																																																												
LABELLED RED CELL (HEMANGIOMA)																																																																																																													
**UPON DISCUSSION WITH RADIOLOGIST																																																																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">ULTRASOUND</th> </tr> <tr> <td>CAROTID</td> <td>WITH DOPPLER</td> <td>SPECIFY AREA OF INTEREST</td> </tr> <tr> <td>ABDOMEN</td> <td>WITH DOPPLER</td> <td></td> </tr> <tr> <td>PELVIS</td> <td>WITH DOPPLER</td> <td></td> </tr> <tr> <td>RENAL</td> <td>WITH DOPPLER</td> <td></td> </tr> <tr> <td>DOPPLER</td> <td>UPPER EXTREMITY</td> <td>L R</td> </tr> <tr> <td></td> <td>LOWER EXTREMITY</td> <td>L R</td> </tr> <tr> <td>OTHER.....</td> <td></td> <td></td> </tr> </table>			ULTRASOUND	CAROTID	WITH DOPPLER	SPECIFY AREA OF INTEREST	ABDOMEN	WITH DOPPLER		PELVIS	WITH DOPPLER		RENAL	WITH DOPPLER		DOPPLER	UPPER EXTREMITY	L R		LOWER EXTREMITY	L R	OTHER.....																																																																																							
ULTRASOUND																																																																																																													
CAROTID	WITH DOPPLER	SPECIFY AREA OF INTEREST																																																																																																											
ABDOMEN	WITH DOPPLER																																																																																																												
PELVIS	WITH DOPPLER																																																																																																												
RENAL	WITH DOPPLER																																																																																																												
DOPPLER	UPPER EXTREMITY	L R																																																																																																											
	LOWER EXTREMITY	L R																																																																																																											
OTHER.....																																																																																																													

***IF PATIENT HAS AN ALLERGIC OR ASTHMATIC HISTORY OR IS DISABLED, PLEASE CALL (212) 535-9770 FOR INFORMATION.**

Daniel Maklansky, M.D.
Alain D. Hyman, M.D.

Jerold Kurzban, M.D.
Barry D. Berson, M.D.

Burton A. Cohen, M.D.
Joseph J. Maklansky, M.D.

Jerald Zimmer, M.D.
Jolinda Mester, M.D.

CT64 * MRI * CT AND MR ANGIOGRAPHY * PET/CT * CT CORONARY * CT LUNG SCREENING * ULTRASOUND/VASCULAR DOPPLER * DEXA * DIGITAL MAMMOGRAPHY * BREAST IMAGING * FLUOROSCOPY * SCINTIGRAPHY * X-RAY