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PATIENT NAME: _____ TEL #: _____

CLINICAL INFORMATION: _____

_____

_____ DATE: _____

PHYSICIAN NAME: _____

PHYSICIAN PHONE #: _____

CT 64 MULTIDETECTOR

WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY

WITH CONTRAST ☐YES ☐NO

- ☐ CHEST
- ☐ ABDOMEN
- ☐ PELVIS
- ☐ CT STONE STUDY
- ☐ HEAD ☐ BRAINLAB
- ☐ ORBITS
- ☐ IACS
- ☐ TEMPORAL BONES
- ☐ PITUITARY
- ☐ SINUSES
- ☐ LOW DOSE SINUS SURVEY
- ☐ MAXILLOFACIAL
- ☐ SOFT TISSUE NECK
- ☐ MANDIBLE (NON DENTAL)
- ☐ ENTEROGRAPHY
- ☐ CT POUCHOGRAM
- ☐ CT PREPPED COLON
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ ARTHROGRAM ☐ SCANOGRAM
- ☐ LEG_FEMUR_TIBFIB
- ☐ FOOT ☐ R ☐ L
- ☐ SHOULDER ☐ R ☐ L
- ☐ HUMERUS ☐ R ☐ L
- ☐ ELBOW ☐ R ☐ L
- ☐ RADIUS/ULNA ☐ R ☐ L

CT ANGIOGRAPHY

WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY

- ☐ CT CORONARY ANGIOGRAM (CCTA)
- ☐ AORTA__CHEST__ABD/PEL ANGIO
- ☐ PULMONARY ANGIO
- ☐ BRAIN ANGIO
- ☐ NECK/CARTOID ANGIO
- ☐ MESENTERIC ANGIO
- ☐ RENAL ARTERY ANGIO
- EXTREMITY……..
- ☐ RUNOFF STUDY

CT SCREENING STUDIES

WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY

- ☐ HEART & LUNG SCREENING
- ☐ CORONARY CALCIUM (HEART) SCREENING
- ☐ PULMONARY NODULE (LUNG) SCREENING
- ☐ VIRTUAL COLONOSCOPY
- ☐ DENTASCAN IMPLANT GUIDANCE

N.M. SCINTIGRAPHY

- ☐ WHOLE BODY BONE SCAN
- ☐ LIMITED AREA BONE SCAN
- ☐ 3-PHASE BONE SCAN
- ☐ MUGA
- ☐ RENAL
- ☐ THYROID IODINE 123
- ☐ GALLIUM
- ☐ LIVER
- ☐ OCTREOTIDE
- ☐ GASTRIC EMPTYING STUDY
- ☐ PARATHYROID
- ☐ HIDA
- ☐ PYE HELICOBACTER BREATH TEST

PET/CT

- ☐ WHOLE BODY PET/CT
- ☐ BRAIN PET/CT ☐ DIAGNOSTIC CT……..

ULTRASOUND

- ☐ ABDOMEN
- ☐ PELVIS (TRANSABDOMINAL)
- ☐ TRANSVAGINAL
- ☐ TRANSVAGINAL (before 12 weeks gestantion)
- ☐ OBSTETRIC (LEVEL II) ANATOMY
- ☐ OBSTETRIC BIOPHYSICAL PROFILE
- ☐ BREAST
- ☐ SONOHYSTEROGRAM
- ☐ THYROID
- ☐ RENAL
- ☐ SCROTUM
- ☐ BLADDER
- ☐ AORTA SCREENING
- ☐ EXTREMITY NON-VASCULAR
- ☐ DUPLEX CAROTID
- ☐ VENOUS EXTREMITY (UPPER) ☐ R ☐ L
- ☐ VENOUS EXTREMITY (LOWER) ☐ R ☐ L
- ☐ HEPATIC VESSELS
- OTHER……

X-RAY

- ☐ CHEST ☐ AP ☐ PA/LAT
- ☐ HEAD ☐ SKULL ☐ SINUS ☐ ORBITS
- ☐ FACIAL BONES ☐ NASAL BONES ☐ MANDIBLE
- ☐ RIBS
- ☐ ABD ☐ FLAT ☐ ERECT ☐ OBS ☐ MARKER STUDY
- ☐ THORACIC ☐ STANDING
- ☐ CERVICAL SP ☐ 2 VIEWS ☐ 4 VIEWS ☐ STANDING F/E
- ☐ LUMBAR SP ☐ 2 VIEWS ☐ 4 VIEWS ☐ STANDING F/E

	R	L	B
☐ CLAVICLE	☐	☐	☐
☐ SCAPULA	☐	☐	☐
☐ SHOULDER	☐	☐	☐
☐ HUMERUS	☐	☐	☐
☐ ELBOW	☐	☐	☐
☐ WRIST	☐	☐	☐
☐ HAND	☐	☐	☐
☐ HIP	☐	☐	☐
☐ FEMUR	☐	☐	☐
☐ KNEE	☐	☐	☐
☐ LEG: TIB/FIB	☐	☐	☐
☐ ANKLE	☐	☐	☐
☐ FOOT	☐	☐	☐
☐ SCOLIOSIS SERIES	☐	☐	☐

OTHER ……

FLUOROSCOPY

- ☐ CINE ESOPHAGRAM
- ☐ ESOPHAGRAM
- ☐ UPPER GI SERIES
- ☐ GI SERIES SMALL BOWEL
- ☐ GI SERIES ESOPHGRAM
- ☐ SMALL BOWEL SERIES
- ☐ IVP
- ☐ BARIUM ENEMA
- ☐ DOUBLE CONTRAST BARIUM ENEMA
- ☐ HYSTEROSALPINGOGRAM
- ☐ FISTULOGRAM
- ☐ POUCHOGRAM
- ☐ CATHER PATENCY STUDY
- OTHER ……

FILM PREFERENCE

- ☐ NO FILM
- ☐ CD
- ☐ FILM
- ☐ PAPER ☐ KEY IMAGES

MRI 1.5T ☐

WITH CONTRAST ☐YES ☐NO

- ☐ BRAIN
- ☐ ORBITS
- ☐ IAC
- ☐ FACIAL
- ☐ NECK
- ☐ TMJ
- ☐ PITUITARY
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ SPINE SURVEY
- ☐ CHEST ☐ CARDIAC ☐ ANATOMY ☐ FUNCTION
- ☐ ABDOMEN
- ☐ MRCP (BILIARY)
- ☐ PELVIS
- ☐ MRI BREAST ☐ R ☐ L ☐ B
- ☐ SHOULDER ☐ R ☐ L ☐ B
- ☐ SHOULDER ARTHROGRAM
- ☐ HIP ARTHROGRAM
- ☐ ARM/HUMERUS
- ☐ RADIUS/ULNA
- ☐ ELBOW ☐ R ☐ L ☐ B
- ☐ WRIST ☐ R ☐ L ☐ B
- ☐ HAND ☐ R ☐ L ☐ B
- ☐ HIP ☐ R ☐ L ☐ B
- ☐ LEG____FEMUR____TIB/FIB
- ☐ KNEE ☐ R ☐ L ☐ B
- ☐ ANKLE ☐ R ☐ L ☐ B
- ☐ FOOT ☐ R ☐ L ☐ B
- ☐ MRI PROSTATE
- MR ARTHROGRAM……
- ☐ TOTAL BODY (STIR)
- OTHER ……

MR ANGIOGRAPHY

- ☐ HEAD/BRAIN ANGIO
- ☐ NECK ANGIO
- ☐ CHEST ANGIO
- ☐ CAROTID & VERTEBRAL ANGIO
- ☐ PELVIS ANGIO
- ☐ ABDOMEN ANGIO
- ☐ LOWER EXTREMITY ANGIO

MAMMO/BREAST IMAGING

BRING PRIOR FILMS IF AVAILABLE

- ☐ SCREENING
- ☐ DIAGNOSTIC
  - ☐ BI-LATERAL ☐ UNILATERAL
  - ☐ BREAST SONO
  - ☐ BREAST BIOPSY
    - ☐ FNA ☐ CORE ☐ MR
  - ☐ MRI BREASTS (6TH Floor)
    - ☐ with CONTRAST ☐ without CONTRAST

DENSITOMETRY

- ☐ DEXA
- ☐ DEXA w. INSTANT VERTEBRAL ANALYSIS

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

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