



# GENERAL REFERRAL FORM

CD  FILM  PAPER  KEY IMAGES

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

PATIENT NAME: \_\_\_\_\_ TEL#: \_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_ PHYSICIAN TEL # \_\_\_\_\_

CLINICAL INFORMATION: \_\_\_\_\_

DATE: \_\_\_\_\_

**CT 64 MULTIDETECTOR 6th Floor**  
WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY  
WITH CONTRAST:  YES  NO

CREAT./GFR TEST AT NYMI - EMERGENCY

CHEST  
 ABDOMEN  
 PELVIS  
 CT STONE STUDY  
 HEAD  
 ORBITS  
 IACS  
 TEMPORAL BONES  
 PITUITARY  
 SINUSES  BRAINLAB  VTI  
 LOW DOSE SINUS SURVEY  
 MAXILLOFACIAL  
 SOFT TISSUE NECK  
 MANDIBLE (NON DENTAL)  
 ENTEROGRAPHY  
 CT MYELOGRAM  
 CT UROGRAM  
 CT POUCHOGRAM  
 CT PREPPED COLON  
 CERVICAL SPINE  
 THORACIC SPINE  
 LUMBAR SPINE  
 ARTHROGRAM  SCANOGRAM  
 LEG \_\_ FEMUR \_\_ TIB/FIB  
 FOOT  R  L  
 SHOULDER  R  L  
 HUMERUS  R  L  
 ELBOW  R  L  
 RADIUS/ULNA  R  L

**CT ANGIOGRAPHY 6TH FLOOR**  
WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY

CREAT./GFR TEST AT NYMI - EMERGENCY

CT CORONARY ANGIOGRAM (CCTA)  
 AORTA \_\_ CHEST \_\_ ABD/PEL ANGIO  
 PULMONARY ANGIO  
 BRAIN ANGIO  
 NECK/CAROTID ANGIO  
 MESENTERIC ANGIO  
 RENAL ARTERY ANGIO  
 EXTREMITY  
 RUNOFF STUDY

**CT SCREENING STUDIES 6TH FLOOR**  
WE USE NON-IONIC CONTRAST MEDIA EXCLUSIVELY

HEART & LUNG SCREENING  
 CORONARY CALCIUM (HEART) SCREENING  
 PULMONARY NODULE (LUNG) SCREENING  
 VIRTUAL COLONOSCOPY

**N.M SCINTIGRAPHY 4TH FLOOR**

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  
 INDIUM WBC  
 TAGGED RBC/HEMANGIOMA  
 MECKEL SCAN/BLEEDING STUDY

**PET/CT 6th Floor**

CREAT./GFR TEST AT NYMI - EMERGENCY  
 WHOLE BODY PET /CT  
 BRAIN PET/CT  DIAGNOSTIC CT

**ULTRASOUND 5th Floor**

ABDOMEN  
 PELVIS (TRANSABDOMINAL)  
 TRANSVAGINAL  
 TRANSVAGINAL (before 12 weeks gestation)  
 OBSTETRIC (LEVEL II) ANATOMY  
 OBSTETRIC BIOPHYSICAL PROFILE  
 BREAST (4th Floor)  
 SONOHYSTEROGRAM  
 THYROID  THYROID FNA BIOPSY  
 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 5th Floor**

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
<input type="checkbox"/> CLAVICLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SCAPULA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SHOULDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HUMERUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ELBOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WRIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HAND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FEMUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> KNEE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LEG: TIB/FIB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ANKLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FOOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SCOLIOSIS SERIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER \_\_\_\_\_

**FLUOROSCOPY 5th Floor**

CINE ESOPHAGRAM  
 ESOPHAGRAM  
 UPPER GI SERIES  
 GI SERIES SMALL BOWEL  
 GI SERIES ESOPHGRAM  
 SMALL BOWEL SERIES  
 DOUBLE CONTRAST BARIUM ENEMA  
 HYSTEROSALPINGOGRAM  
 FISTULOGRAM  
 POUCHOGRAM  
 CATHETER PATENCY STUDY  
OTHER \_\_\_\_\_

**MRI 6th Floor**  
WITH CONTRAST:  YES  NO

CREAT./GFR TEST AT NYMI - EMERGENCY

BRAIN  
 ORBITS  
 IAC  
 FACIAL  
 NECK  
 TMJ  
 PITUITARY  
 CERVICAL SPINE  
 THORACIC SPINE  
 LUMBAR SPINE  
 SPINE SURVEY  
 MRI CARDIAC  
 CHEST  CARDIAC  ANATOMY  FUNCTION  
 ABDOMEN  
 MRCP (BILIARY)  
 PELVIS  
 MRI BREAST  R  L  B  
 SHOULDER  R  L  B  
 SHOULDER ARTHROGRAM  
 HIP ARTHROGRAM  
 ENTEROGRAPHY  
 ARM/HUMERUS  
 RADIUS/ULNA  
 ELBOW  R  L  B  
 WRIST  R  L  B  
 HAND  R  L  B  
 HIP  R  L  B  
 LEG  FEMUR  TIB / F I B  
 KNEE  R  L  B  
 ANKLE  R  L  B  
 FOOT  R  L  B  
 MRI PROSTATE  
 MRI ARTHROGRAM  DIRECT  INDIRECT  
 MRI UROGRAM  
 MRI DEFECOGRAPHY  
 TOTAL BODY (STIR)  
OTHER \_\_\_\_\_

**MR ANGIOGRAPHY 6th Floor**

HEAD/BRAIN ANGIO  
 NECK ANGIO  
 CHEST ANGIO  
 CAROTID & VERTEBRAL ANGIO  
 PELVIS ANGIO  
 ABDOMEN ANGIO  
 LOWER EXTREMITY ANGIO  
 MR VENOGRAM

**MAMMO/BREAST IMAGING 4th Floor**  
BRING PRIOR FILMS IF AVAILABLE

SCREENING - MAMMOGRAPHY  
 3D TOMOSYNTHESIS  
 DIAGNOSTIC - MAMMOGRAPHY  
 BILATERAL  UNILATERAL  R  L  
 BREAST SONOGRAPHY  
 BILATERAL  UNILATERAL  R  L  
 BREAST BIOPSY  R  L  
 FNA  CORE  MR  
 STEREOTACTIC CORE BIOPSY  
 MRI BREASTS (6th Floor)  
 with CONTRAST  without CONTRAST

**DENSITOMETRY 4th Floor**

DEXA

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

## **BARIUM ENEMA**

Liquid Diet the entire day before the examination. You may have coffee, tea, clear soup, juices, Jello, ginger ale, Coca Cola, Slim Fast, Ensure or soft boiled eggs. Drink at least 6-8 glasses of water. No solid foods. At 6:00 PM the day before the examination, drink a 10 oz. bottle of Citrate of Magnesia. Take 3 tablets of Dulcolax at 9:00 PM the night before the examination. Take one tap water or fleet enema the night before the examination. Have a light breakfast consisting of coffee and orange juice and toast on the morning of the examination.

## **GASTROINTESTINAL SERIES**

Have a light dinner before 9:00 PM before the examination. Have nothing to eat, drink or smoke for 8 hours prior to the examination.

## **SMALL BOWEL SERIES**

Same as Gastrointestinal Series

## **CT SCAN**

For any CT examination with contrast of the neck, chest, abdomen, or pelvis have nothing to eat or drink for 3 hours before the test.

## **PELVIC ULTRASOUND**

Normal food intake. Drink 4 glasses of water prior to the examination. Urinate at will.

## **RENAL ULTRASOUND**

Nothing to eat 3 hours prior to the examination.

## **BLADDER**

Drink 4-5 glasses of 8 oz. of water 60 to 90 minutes before examination. Do not urinate for 30 minutes prior to study.

## **ABDOMINAL ULTRASOUND**

No solid food for 8 hours prior to the examination. No **fatty** food for 12 hours prior to exam.

## **MAMMOGRAPHY**

Do not use powder, deodorant, lotion or perfume on the day of the examination.

## **PET/CT**

Avoid strenuous activities on the day before the PET examination. Excessive muscular activity may interfere with interpretation of the scan. Patients need to fast after midnight or at least 6 hours prior to their examination with the exception of water and should be well hydrated. Eat a high-protein, low-carb dinner the night before. If you are a diabetic, please bring your medication and a light snack with you. Make sure that our staff is aware of your condition ahead of time as insulin intake may need to be modified. Please be prepared to stay with us for approximately 3-4 hours.

## **BONE DENSITOMETRY (DEXA)**

Patients should not have had a Barium Study or a Nuclear Scan within 2 days of a bone density examination.

## **MRI**

There are no dietary restrictions prior to your MRI examination. Head/Neck MRO: do not wear any eye makeup. Please call our office before your appointment if any of the following apply: Pacemaker, Surgical Vascular Clips, Neurostimulators, Cochlear Implants, Vascular Filters and Stents, Breast Tissue Expander, Penile Implants, Claustrophobic or Silver Backed Dermal Patches. Music is available during the examination. Please feel free to bring a CD.

### **DIRECTIONS TO OFFICE**

Our main office at 165 East 84<sup>th</sup> Street is located between Lexington Avenue and Third Avenue

#### **TO REACH OUR OFFICE BY NEW YORK CITY BUS:**

CROSSTOWN BUSES AT 79<sup>TH</sup> STREET AND 86<sup>TH</sup> STREET  
UPTOWN BUSES ON MADISON AVENUE AND THIRD AVENUE  
DOWNTOWN BUSES ON FIFTH AVENUE AND LEXINGTON AVENUE

#### **TO REACH OUR OFFICE BY NEW YORK CITY SUBWAY:**

LEXINGTON AVENUE EXPRESS (#4, #5) 86<sup>TH</sup> STREET STOP  
LEXINGTON AVENUE LOCAL (#4, #5) 86<sup>TH</sup> STREET STOP

**Parking meters and garages are available nearby, as well as on the street parking.**