

Patient's Name _____ UNIT # _____

Clinical Information _____

_____ ICD-10: _____

Pre-Certification #

Please fax any special instructions to: 646-317-3360. Contrast will not be given without a written order.

MRI: High Field Strength CONTRAST: WITH & WITHOUT WITH WITHOUT

- Brain Neck C-Spine Wrist MRI Enterography
- Pituitary Breast T-Spine Shoulder MRI Other _____
- Orbits Abdomen L-Spine Hip
- Sinuses Pelvis TMJ's Knee
- IAC's Prostate Ankle

MRA

- Brain
- Neck
- Aorta/Extremity
- Other _____

CT CONTRAST: WITH & WITHOUT WITH WITHOUT BUN _____ Creat _____

- Brain Neck CT Angiogram C-Spine _____
- Pituitary Chest CT Myelogram T-Spine _____ Other _____
- Orbits Abdomen Coronary Artery Scoring L-Spine _____
- Sinuses Pelvis Dentascan CT Enterography
- Temporal Bones Shoulder CT Virtual Colonoscopy

ULTRASOUND

- Abdomen Lower Extremity Venous Doppler Pelvic complete
- Kidney Thyroid (includes transvaginal)
- Bladder Testicular/Scrotal Transvaginal only
- Carotid Hysterosonography Pelvic - Without transvaginal
- Duplex Other _____

X-RAY

Please indicate type of exam:

Date Requested: _____ NPI#: _____

Requested By: Dr _____ Phone: _____

Requested Appointment: Day _____ Time: _____

CD Requested: Yes No CD to: (address) _____

Fax Report: Yes No Fax # _____

PREPARATION FOR DIAGNOSTIC EXAMINATIONS

(WHEN MAKING YOUR APPOINTMENT, PLEASE INFORM THE OFFICE IF YOU ARE PREGNANT AND CONSULT YOUR PRIMARY PHYSICIAN)

MAGNETIC RESONANCE IMAGING (MRI):

1. You cannot have an MRI if you have a **CARDIAC PACEMAKER** or (Middle Ear) **PROSTHESIS**.
2. **DO NOT WEAR EYE MAKE-UP.**
3. **YOU WILL HAVE TO REMOVE JEWELRY, HAIR PINS AND OTHER METALLIC ACCESSORIES FOR THE EXAM.**

CAT SCAN OF HEAD OR BODY WITH CONTRAST:

Nothing to eat, drink or chew 3 hours prior to exam.*

CT MYELOGRAM:

Nothing to eat or drink 4 hours prior to exam.*

ULTRASOUND:

ABDOMINAL ULTRASOUND:

Nothing to eat, drink or chew 6 hours prior to exam.*

PELVIC ULTRASOUND:

1. 1 1/2 hours before appointment, empty bladder. You should not urinate again until after the exam.
2. Drink three 8oz. glasses of water and be finished drinking 1 hour before the appointment.
3. See receptionist if you feel you must urinate prior to the exam.

* Medications may be taken with a small amount of water.

IF A PATIENT HAS DIABETES OR OTHER MEDICAL CONDITION WHICH PREVENTS FOLLOWING A PREPARATION, HE/SHE SHOULD CONSULT HIS/HER OWN DOCTOR.

To order more referral forms,
please call:

ColumbiaDoctors Radiology

646.455.9270