ColumbiaDoctors NewYork-Presbyterian

Imaging

Midtown
51 West 51st Street • New York, NY 10019
Tel: 212.326.8518 • Fax: 212.326.5654
TAX ID# 47-5254724 NPI# 1902345986
www.columbiaradiology.org

Patient's Name: _____ Date of Birth: _____

Clinical Information: _____ ICD-10: _____

Requested Appointment Date: _____ Time: _____

Referring Physician: _____ NPI: _____ Copy: _____

Phone: _____ Fax: _____

Please fax any special instructions to (212) 326-5654. Contrast will not be given without a written order.

Musculoskeletal Referral

MRI and CT

Check (✔) one: ☐ Right ☐ Left Check (✔) one: ☐ MRI ☐ CT

Check (✔) one: ☐ **No contrast** ☐ **Arthrogram** ☐ **IV contrast**

☐ Thumb
☐ Finger _____
☐ Hand
☐ Wrist
☐ Forearm
☐ Elbow

☐ Humerus
☐ Shoulder
☐ Brachial Plexus
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar spine

☐ Bony Pelvis
☐ Sacrum/ Coccyx
☐ Lumbosacral Plexus
☐ Hip
☐ Thigh
☐ Knee

☐ Calf
☐ Ankle
☐ Forefoot
☐ Other _____

Ultrasound Guided Procedure

Check (✔) one: ☐ Right ☐ Left

Specify body part: _____

☐ Therapeutic injection (steroid & anesthetic)
☐ Aspiration

☐ Calcific tendinitis
☐ Tendon fenestration
☐ Viscosupplementation
☐ Nerve hydrodissection
☐ Perineural Injection

☐ Fine needle aspiration
☐ Core biopsy
☐ Platelet rich plasma
☐ Other _____

Diagnostic Ultrasound

Check (✔) one: ☐ Right ☐ Left

☐ Wrist/Hand
Indication: _____

☐ Elbow
Indication: _____

☐ Shoulder
Indication: _____

☐ Hip/Pelvis
Indication: _____

☐ Thigh
Indication: _____

☐ Knee
Indication: _____

☐ Calf
Indication: _____

☐ Ankle/Foot
Indication: _____

☐ Nerve
Indication: _____

☐ Other
Indication: _____

Pre- Certification # _____

Film Requested: ☐ Yes ☐ No Film or CD (Address) _____

CD Requested: ☐ Yes ☐ No _____

Fax Report: ☐ Yes ☐ No Fax # _____

General Patient Information

- Please arrive 15 minutes prior to your scheduled appointment to complete paperwork.
- Please bring all Medicare and health insurance cards. If pre-authorization of studies is necessary, make sure this has been accomplished prior to your appointment.
- Please bring any previous exams with you for comparison.
- Please notify our office at least 24 hours prior to cancellation.
- If there is any possibility that you may be pregnant, please notify our office prior to your appointment.
- Payment is due at the time services are rendered.

Billing Office Phone: (866) 815-6994

Patient Preparation

Continue to take your medications while following any of the following instructions.

- **MRI Scan**: Indicate if you have any of the following in your body: pacemakers, implantable defibrillators, brain aneurysm clips, cochlear implants, implantable insulin pumps, neurostimulators, or ocular foreign bodies. If you are claustrophobic, please contact our office for instructions. Music is available during the examination. If you prefer, bring your own tape or CD for the exam.
- **CT Scan with contrast:** Do not eat or drink for 3 hours prior to the exam. Please notify our office for special instructions at least 3 days in advance if you are allergic to iodinated contrast ("iodine dye") or have a history of serious allergic reactions.

Please notify our office for special instructions at least 3 days in advance if you are currently taking metformin (Glucophage or Glucovance). If you require iodinated contrast for the CT scan, metformin should not be taken the day of, or the day following the exam. Ask your referring physician if a check of your renal function is required before resuming metformin.

- **Premedication Regimen for Iodinated Contrast ("Iodine Dye")**

Please notify the office if you have had prior contrast reactions. If intravenous contrast is still considered necessary, please follow the following instructions:

Prednisone 50mg by mouth at 12 hours, and again at 2 hours prior to the study.

- **Biopsy:** For 1 week prior to the procedure, do not take any medications which may promote bleeding: aspirin, other nonsteroidal anti-inflammatory drugs such as Advil, Motrin, Aleve, etc., or high-dose vitamin E preparations. You may take Tylenol. If you are currently taking anticoagulants (Coumadin or heparin), please contact the office and your referring physician for special instructions. Notify the office if you have taken prophylactic antibiotics for mitral valve prolapse or any other condition. Contact the office if there is any chance you could be pregnant.

Platelet Rich Plasma (PRP) Injections

Pre-procedure instructions:

1. Non-steroidal anti-inflammatory (NSAID) medications need to be stopped 7 days before the procedure. These include drugs such as ibuprofen, aspirin, Aleve, Mobic, or Celebrex.
2. Anti-coagulation medications such as Coumadin or Plavix need to be stopped 7 days prior to the procedure, but you MUST obtain permission from your prescribing physician in order to do so.
3. In some cases your referring physician may want you to be on crutches for 1-2 days after the injection; this should be arranged ahead of time.
4. If you had an MRI scan performed outside of Columbia, it is critical that you bring these images to the procedure so the scan can be reviewed for an appropriate target ahead of the injection.

Post-procedure instructions:

1. Bandages need to be kept dry for 2 days following the injection before they can be removed.
2. Do not take NSAIDs for 14 days following the procedure.
3. It is normal for there to be pain at the injection site for a few days following the procedure. Avoid ice; this can be treated with over-the-counter acetaminophen (Tylenol), if necessary.

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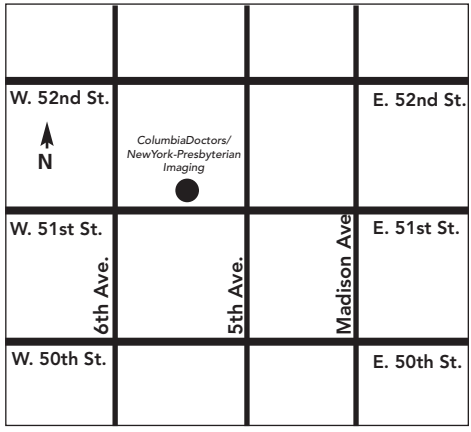
Directions to our Midtown facility:

ColumbiaDoctors/NewYork-Presbyterian Imaging is centrally located in midtown Manhattan at 51 West 51st Street (between 5th Ave. & 6th Ave.), New York, N.Y. 10019.

Train Service: B,D,F,or M to Rockefeller Center

Also near the E,N,R and 1.



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To order more referral forms, please call:
(646) 957-0686