

Date: / / Patient

Referring Phys.

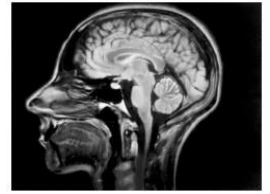
Address

Phone/Fax

CC:

Diagnostic Notes:

UNIVERSITY DIAGNOSTIC MEDICAL IMAGING, P.C.



A Fully Accredited American College of Radiology Facility

1200 Waters Place Suite M108 Bronx, N.Y. 10461
Ph. 718.931.5620 Fax. 718.824.0706

Pre Authorization #

MAGNETIC RESONANCE IMAGING (MRI) ■ OPEN HIGH FIELD ■ HIGH FIELD ■ Non Contrast ■ Pre & Post Contrast

- | | | | | | | | | |
|---------------------------------------|--|---|---|---|-------------------------------------|---|-----------------------------|---------------------------------------|
| <input type="radio"/> Brain | <input type="radio"/> C Spine | <input type="radio"/> Abdomen | <input type="radio"/> Knee | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Hip | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Aorta | <input type="radio"/> Extremity-Upper |
| <input type="radio"/> Int. Aud. Canal | <input type="radio"/> T Spine | <input type="radio"/> Pelvis | <input type="radio"/> Shoulder | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> MR Arthrogram | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Brain | <input type="radio"/> Extremity-Lower |
| <input type="radio"/> Pituitary | <input type="radio"/> L Spine | <input type="radio"/> MR Cholangiogram | <input type="radio"/> Ankle | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Foot | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Chest | <input type="radio"/> Carotid/Neck |
| <input type="radio"/> Orbits | <input type="radio"/> Soft Tissue Neck | <input type="radio"/> Chest | <input type="radio"/> Wrist | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Elbow | <input type="checkbox"/> <input type="checkbox"/> | <input type="radio"/> Renal | <input type="radio"/> MRV-Brain |
| <input type="radio"/> TM Joints | <input type="radio"/> Breast | <input type="radio"/> Scrotal W/ Contrast | <input type="radio"/> Prostate w/Contrast | L R | <input type="radio"/> Other | L R | | <input type="radio"/> MRV-Extremity |

MULTISLICE HELICAL CT SCAN ■ W/ Contrast ■ W/O Contrast ■ BOTH

- | | | | |
|--|--------------------------------------|--|---|
| <input type="radio"/> Brain | <input type="radio"/> Chest (Lung) | <input type="radio"/> Genitourinary | <input type="radio"/> Lung (screen) |
| <input type="radio"/> Sinus | <input type="radio"/> High Res Lung | <input type="radio"/> C Spine | <input type="radio"/> Virtual Colonoscopy |
| <input type="radio"/> Soft Tissue Neck | <input type="radio"/> Abdomen | <input type="radio"/> T Spine | <input type="radio"/> Coronary Artery |
| <input type="radio"/> Temporal Bone | <input type="radio"/> Pelvis | <input type="radio"/> L Spine | <input type="radio"/> CT Biopsy |
| <input type="radio"/> Facial / Orbit | <input type="radio"/> Abdomen/Pelvis | <input type="radio"/> Enterography-Sml Bowel | |

CTA (Angiography)

- | |
|--|
| <input type="radio"/> Pulmonary Artery |
| <input type="radio"/> Aorta |
| <input type="radio"/> Carotid |
| <input type="radio"/> Brain |
| <input type="radio"/> Other |

PAIN MANAGEMENT

- | |
|------------------------------------|
| <input type="radio"/> Consultation |
| <input type="radio"/> Epidural |
| <input type="radio"/> Nerve Block |
| <input type="radio"/> Facet Block |
| <input type="radio"/> Other |

Special Instructions:



New Open 1T High Field MRI "MRI Without Walls"

Extra large opening in a sun filled room with a weight capacity of 550 lbs

NOTES

Neurology

MRI

■ W/Contrast ■ W/O Contrast ■ Both

- | | |
|---------------------------------------|---------------------------------|
| <input type="radio"/> Brain | <input type="radio"/> C-Spine |
| <input type="radio"/> IAC | <input type="radio"/> T-Spine |
| <input type="radio"/> Pituitary | <input type="radio"/> L-Spine |
| <input type="radio"/> MRA Brain | <input type="radio"/> Extremity |
| <input type="radio"/> MRA Carotid | <input type="radio"/> MRV Brain |
| <input type="radio"/> Brachial Plexus | |

BUN _____ Creat _____

CT

■ W/Contrast ■ W/O Contrast ■ Both

- | | |
|---------------------------------|-----------------------------------|
| <input type="radio"/> Brain | <input type="radio"/> CTA-Brain |
| <input type="radio"/> Temp Bone | <input type="radio"/> CTA-Carotid |
| <input type="radio"/> Facial | <input type="radio"/> CTA-Other |
| <input type="radio"/> Chest | <input type="radio"/> Abd/Pelvis |

BUN _____ Creat _____

ULTRASOUND

- | | |
|-------------------------------|---------------------------------------|
| <input type="radio"/> Doppler | <input type="checkbox"/> Carotid |
| | <input type="checkbox"/> Transcranial |

NUCLEAR MEDICINE

- | |
|--|
| <input type="radio"/> FDG-Pet/CT-Brain |
| <input type="radio"/> Bone Scan |

PAIN MANAGEMENT

- | | |
|------------------------------------|-----------------------------------|
| <input type="radio"/> Consultation | <input type="radio"/> Nerve Block |
| <input type="radio"/> Epidural | <input type="radio"/> Facet Block |
| Other _____ | |

X-Ray

- | | |
|-------------------------------|-------------------------------|
| <input type="radio"/> Chest | <input type="radio"/> T-Spine |
| <input type="radio"/> C-Spine | <input type="radio"/> L-Spine |
| Other _____ | |