Date: / / Patient

Referring Phys.

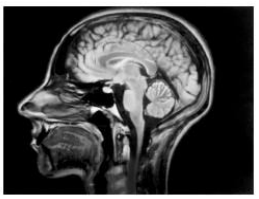
Address

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 #

MAGENTIC RESONANCE IMAGING (MRI) ☐ OPEN HIGH FIELD ☐ HIGH FIELD ☐ *Non Contrast* ☐ *Pre & Post Contrast*

- ◎ Brain
- ◎ Int. Aud. Canal
- ◎ Pituitary
- ◎ Orbits
- ◎ TM Joints
- ◎ C Spine
- ◎ T Spine
- ◎ L Spine
- ◎ Soft Tissue Neck
- ◎ Breast
- ◎ Abdomen
- ◎ Pelvis
- ◎ MR Cholangiogram
- ◎ Chest
- ◎ Scrotal W/ Contrast
- ◎ Knee ☐ ☐
- ◎ Shoulder ☐ ☐
- ◎ Ankle ☐ ☐
- ◎ Wrist ☐ ☐
- ◎ Prostate w/Contrast ☐ L ☐ R
- ◎ Hip ☐ ☐
- ◎ MR Arthrogram ☐ ☐
- ◎ Foot ☐ ☐
- ◎ Elbow ☐ ☐
- ◎ Other ☐ L ☐ R

MRA (Angiography)

- ◎ Aorta
- ◎ Brain
- ◎ Chest
- ◎ Renal
- ◎ Extremity-Upper
- ◎ Extremity-Lower
- ◎ Carotid/Neck
- ◎ MRV-Brain
- ◎ MRV-Extremity

MULTISLICE HELICAL CT SCAN ☐ *W/ Contrast* ☐ *W/O Contrast* ☐ *BOTH*

- ◎ Brain
- ◎ Sinus
- ◎ Soft Tissue Neck
- ◎ Temporal Bone
- ◎ Facial / Orbit
- ◎ Chest (Lung)
- ◎ High Res Lung
- ◎ Abdomen
- ◎ Pelvis
- ◎ Abdomen/Pelvis
- ◎ Genitourinary
- ◎ C Spine
- ◎ T Spine
- ◎ L Spine
- ◎ Enterography-Sml Bowel
- ◎ Lung (screen)
- ◎ Virtual Colonoscopy
- ◎ Coronary Artery
- ◎ CT Biopsy

CTA (Angiography)

- ◎ Pulmonary Artery
- ◎ Aorta
- ◎ Carotid
- ◎ Brain
- ◎ Other_____

PAIN MANAGEMENT

- ◎ Consultation
- ◎ Epidural
- ◎ Nerve Block
- ◎ Facet Block

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

Orthopedics

MRI

☐ W/Contrast ☐ W/O Contrast ☐ Both

◎ C-Spine ◎ T-Spine ◎ L-Spine

	L	R		L	R
◎ Hand	☐	☐	◎ Hip	☐	☐
◎ Wrist	☐	☐	◎ Knee	☐	☐
◎ Elbow	☐	☐	◎ Foot	☐	☐
◎ Shoulder	☐	☐			

◎ Extremity_____

◎ MR Arthrogram_____

BUN_____Creat_____

CT

☐ W/Contrast ☐ W/O Contrast ☐ Both

◎ C-Spine ◎ T-Spine ◎ L-Spine

	L	R		L	R
◎ Hand	☐	☐	◎ Hip	☐	☐
◎ Wrist	☐	☐	◎ Knee	☐	☐
◎ Elbow	☐	☐	◎ Foot	☐	☐
◎ Shoulder	☐	☐			

◎ Extremity_____

BUN_____ Creat_____

ULTRASOUND

◎ Shoulder ◎ Extremity_____

NUCLEAR MEDICINE

◎ Bone Scan ◎ 3 Phase Bone Scan

◎ Bone SPECT

◎ NAF 18 Bone PET/CT

PAIN MANAGEMENT

◎ Consultation ◎ Nerve Block

◎ Epidural ◎ Facet Block

◎ Other_____

X-Ray

◎ Chest ◎ C-Spine

◎ L-Spine ◎ T-Spine

◎ Other