

Date: / / Patient

Referring Phys.

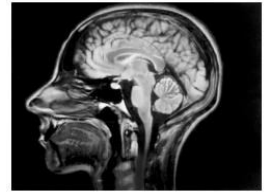
Address

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

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

- | | | | | | |
|---|---|---|--|---|---------------------------------------|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Chest (Lung) | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Lung (screen) | <input type="checkbox"/> Pulmonary Artery | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Sinus | <input type="checkbox"/> High Res Lung | <input type="checkbox"/> C Spine | <input type="checkbox"/> Virtual Colonoscopy | <input type="checkbox"/> Aorta | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> Soft Tissue Neck | <input type="checkbox"/> Abdomen | <input type="checkbox"/> T Spine | <input type="checkbox"/> Coronary Artery | <input type="checkbox"/> Carotid | <input type="checkbox"/> Nerve Block |
| <input type="checkbox"/> Temporal Bone | <input type="checkbox"/> Pelvis | <input type="checkbox"/> L Spine | <input type="checkbox"/> CT Biopsy | <input type="checkbox"/> Brain | <input type="checkbox"/> Facet Block |
| <input type="checkbox"/> Facial / Orbit | <input type="checkbox"/> Abdomen/Pelvis | <input type="checkbox"/> Enterography-Sml Bowel | | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

CTA (Angiography)

PAIN MANAGEMENT

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

Urology

MRI

- W/Contrast W/O Contrast Both
- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> T-Spine |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> L-Spine |
| <input type="checkbox"/> Prostate | <input type="checkbox"/> MRA Renal Angio |
| <input type="checkbox"/> C-Spine | |

BUN _____ Creat _____

CT

- | | |
|---|--|
| <input type="checkbox"/> Abdomen/Pelvic | <input type="checkbox"/> Renal Stone |
| <input type="checkbox"/> Abdomen/Pelvic | <input type="checkbox"/> Non Contrast |
| <input type="checkbox"/> Abdomen/Pelvic | <input type="checkbox"/> W/WO contrast |

BUN _____ Creat _____

ULTRASOUND

- | | |
|---|---|
| <input type="checkbox"/> Kidneys | <input type="checkbox"/> Prostate (transrectal) |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Renal Arterial Doppler | |

NUCLEAR MEDICINE

- | | |
|---|--|
| <input type="checkbox"/> W.B. Bone Scan /SPECT | |
| <input type="checkbox"/> Renal Scan | <input type="checkbox"/> Function |
| | <input type="checkbox"/> Obstruction (Lasix) |
| | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Whole Body Pet/CT (FDG) | |
| <input type="checkbox"/> NAF 18 Bone Pet/CT (Sodium Flouride) | |

X-Ray

- | | |
|--|---------------------------------|
| <input type="checkbox"/> KUB | <input type="checkbox"/> Pelvis |
| <input type="checkbox"/> DEXA (Prostate) | |
| <input type="checkbox"/> Other | |