WASHINGTON HEIGHTS IMAGING

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Patient's Name ______________________ D.O.B. __________ Date __________

Referring Physician ______________________ Pre-Cert# __________

History/Diagnosis ______________________

MRI (w/contrast)

- ☐ Cervical Spine ☐
- ☐ Thoracic Spine ☐
- ☐ Lumbar Spine ☐
- ☐ Brain ☐
- ☐ Pituitary ☐
- ☐ IACs ☐
- ☐ Orbits ☐
- ☐ Sinuses ☐
- ☐ TMJ ☐
- ☐ Soft Tissue Neck ☐
- ☐ Brachial Plexus ☐
- ☐ Abdomen ☐
- ☐ Pelvis ☐
- ☐ Other ______

Extremities (Rt / Lt)

- ☐ Shoulder ☐ ☐
- ☐ Elbow ☐ ☐
- ☐ Wrist ☐ ☐
- ☐ Hand ☐ ☐
- ☐ Hip ☐ ☐
- ☐ Knee ☐ ☐
- ☐ Ankle ☐ ☐
- ☐ Foot ☐ ☐
- ☐ Other ______

MR Angiography

- ☐ Brain/COW
- ☐ Carotid
- ☐ Thoracic
- ☐ Abdominal
- ☐ Renal
- ☐ MRCP
- ☐ Lower Extremity runoff

MR Venogram

- ☐ Brain (MRV)

MR Mammography

- ☐ MRI Breast with Contrast
- ☐ MRI Breast Implants Non- Contrast

☐ **SUDOSCAN**

☐ **NCV**

CT SCAN (w/contrast)

- ☐ Brain ☐
- ☐ Pituitary ☐
- ☐ Orbits ☐
- ☐ Temporal Bones ☐
- ☐ Sinuses ☐
- ☐ Neck ☐
- ☐ Chest ☐
- ☐ Abdomem/Pelvis ☐
- ☐ Pelvis (Bone) ☐
- ☐ Cervical Spine ☐
- ☐ Thoracic Spine ☐
- ☐ Lumbar Spine ☐
- ☐ Dental Scan ☐
- ☐ Other ______

CT Angiography

- ☐ Carotid Arteries
- ☐ Coronary Arteries
- ☐ Intracraneal Vessels (Head)
- ☐ Thoracic Aorta
- ☐ Pulmonary Artery
- ☐ Renal Arteries
- ☐ Abdominal Aorta
- ☐ Lower Extremity runoff
- ☐ Other ______

COLOR DOPPLER

- ☐ Carotid
- ☐ Abdominal
- ☐ Hepatic Portal Vein
- ☐ Renal Arteries

Upper Extremity

- ☐ Arterial Rt ☐ Lt ☐ Bil ☐
- ☐ Venous Rt ☐ Lt ☐ Bil ☐

Lower Extremity

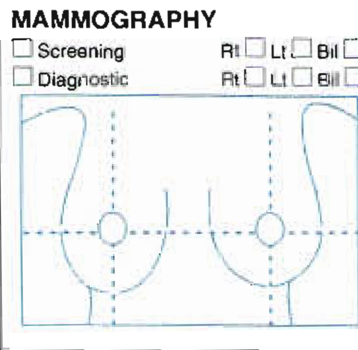
- ☐ Arterial Rt ☐ Lt ☐ Bil ☐
- ☐ Venous Rt ☐ Lt ☐ Bil ☐
- ☐ Ankle Brachial Index

☐ **BONE DENSITY**

☐ **BALANCE TEST**

MAMMOGRAPHY

- ☐ Screening Rt ☐ Lt ☐ Bil ☐
- ☐ Diagnostic Rt ☐ Lt ☐ Bil ☐



BREAST BIOPSY

- ☐ Sono Guided Rt ☐ Lt ☐
- ☐ MRI Guided w/Contrast Rt ☐ Lt ☐
- ☐ Stereotactic Guided Rt ☐ Lt ☐
- ☐ Post Bx Clip Pl Mammo Rt ☐ Lt ☐

☐ **BREAST SURGICAL CONSULT**

SONOGRAPHY

- ☐ Abdomen
- ☐ Pelvis/Transabdominal
- ☐ Pelvis/Transvaginal
- ☐ Pelvis (Male)
- ☐ OB Biophysical Profile
- ☐ OB (1st Trimester)
- ☐ OB Level II (2nd Trimester)
- ☐ Sonohysterogram
- ☐ Thyroid
- ☐ **Thyroid Biopsy** ______
- ☐ **Breast** Rt ☐ Lt ☐ Bil ☐
- ☐ Testicular/Scrotum
- ☐ **Prostate Biopsy**
- ☐ Renal/Bladder
- ☐ Hepatobiliary
- ☐ Aorta
- ☐ Other ______

CARDIOLOGY

- ☐ Echocardiogram w/color doppler
- ☐ Stress Echo
- ☐ EKG
- ☐ Holter Monitoring/ 24 hrs

XRAY

Skeletal

- ☐ Skull
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Pelvis
- ☐ Scoliosis Series

Extremities (Rt / Lt)

- ☐ Shoulder ☐ ☐
- ☐ Humerus ☐ ☐
- ☐ Elbow ☐ ☐
- ☐ Radius/Ulna ☐ ☐
- ☐ Wrist ☐ ☐
- ☐ Hand ☐ ☐
- ☐ Hip ☐ ☐
- ☐ Femur ☐ ☐
- ☐ Knee ☐ ☐
- ☐ Tibia/Fibula ☐ ☐
- ☐ Ankle ☐ ☐
- ☐ Foot ☐ ☐
- ☐ Bone Age ☐ ☐

ENT

- ☐ Paranasal Sinuses
- ☐ Nasopharynx
- ☐ Nasal Bones
- ☐ Facial Bones

Chest

- ☐ Chest PA & Lateral
- ☐ Ribs Rt ☐ Lt ☐ Bil ☐
- ☐ Sternum
- ☐ Other ______

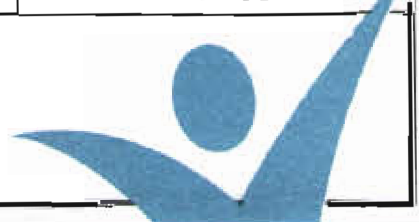
Abdomen

- ☐ Flat/Upright
- ☐ KUB
- ☐ IVP
- ☐ Other ______

☐ **UROLOGY CONSULT**

☐ **CARDIOLOGY CONSULT**

Special Notes:
MRI Information: MRI is contraindicated in patients with Pacemakers, Ear Implants, and Cerebral Aneurysm Clips.
Call for more information.
MRI, CT and IVP Contrast Study Information: BUN ______ / CREAT ______ Date: ______
If you have Asthma or Allergies, Please premedicate.
Diabetic patients needing contrast, please alert our staff at the time of your appointment.



Patient preparation instructions for diagnostic procedures

Magnetic Resonance Image (MRI)
Wear clothing that does not contain metal fasteners. If your exam requires a contrast injection, please wear clothing with short sleeves. Please do not wear jewelry or eye makeup.

CT with Contrast Injection
Do not eat anything for four hours before the exam. Avoid wearing clothes and/or jewelry with metal in the area being scanned. Please alert the nurse/tech of all medications you are taking.

CT Abdomen and/or Pelvis with Oral Contrast
Do not eat anything for four hours prior to exam. Please call our office to receive preparation instructions.

Bone Densitometry
Wear clothing that does not contain metal fasteners. Patient cannot have any Oral or IV contrast in their body for one week prior to your exam.

Mammography
Do not use powder, deodorant, perfume or lotion on the day of the exam. Refrain from caffeine the day of the appointment. Please bring any previous mammograms and/or breast sonogram films with you.

Abdominal Sonogram
Do not eat or drink anything 6 hours prior to exam.

Pelvis/OB Sonogram
A full bladder is necessary for this exam. Please drink 48 oz. of water one hour prior to the exam, and do not urinate until after the exam is completed.

Hysterosalpingogram/IVP/Barium Enema
Please call our office to receive preparation instructions.

Upper GI Series and/or Small Bowel Series/Esophogram
Do not eat or drink from midnight prior to the exam, as well as the day of the exam.

Instrucciones para el paciente para los procedimientos diagnósticos

Resonancia Magnética (MRI)
Use ropa que no contenga elementos de fijación metálica. Si su examen requiere una inyección de contraste, use ropa con mangas cortas. Por favor, no use joyas o maquillaje de ojos.

CT con Contraste Inyectado
No coma nada durante cuatro horas antes del examen. Evite usar ropa y/o joyas con metal en el área escaneanda Por favor, avlse a la enfermera/Técnico de todos los medicamentos que esta tomando.

CT del abdomen y/o Pelvis contraste oral
No coma durante cuatro horas antes del examen. Por favor llame a nuestra oficina para recibir las instrucciones de preparación.

Densitometria
Use ropa que no contenga elementos de fijación metálica. Los pacientes no pueden tener ningún contraste por vía oral o IV en su cuerpo durante una semana antes de su examen.

Mammografía
No utilice talco, desodorante, perfume o locion en el dia del examen. Abstenerse de cafeína el dia de la cita. Por favor traer las mamografías anteriores y/o estudios de sonografía.

Sonografía Abdominal
No coma ni beba nada 6 horas antes del examen.

Sonograma Pélvico/Obstétrico
La vejiga llena es necesaria para este examen. Por favor beba 48 oz. de auga una hora antes del examen y no orine hasta después que el estudio sea completado.

Series GI superiores y/o del intestio Delgado/Esofagograma
No coma, ni beba desde la medianoche antes del examen, y el día del examen.

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