



Superior Care through Advanced Technology

Phone: (845) 471-2848 Fax: (845) 471-2919

Medical Diagnostic Imaging, PLLC

Date: _____

Patient Name: _____ Date of Birth _____

Clinical History: _____

Authorization # (if required) _____

Contrast Administered at Discretion of Radiologist

Physician Signature: _____ Phone: _____

MRI (1.5T) Contrast: With ___ With/Without ___
Brain
Cardiac
Orbits
IAC
Facial
Neck, Soft Tissue
TMJ
Pituitary
Brachial Plexus
Cervical Spine
Thoracic Spine
Lumbar Spine
Chest
Abdomen
MRCP
Pelvis
Breast R L B
Shoulder R L B
Hip R L B
Arm (upper/lower) R L B
Elbow R L B
Wrist R L B
Hand R L B
Leg (upper/lower) R L B
Femur R L B
Knee R L B
Ankle R L B
Foot R L B
Arthrogram
Other

MR ANGIOGRAM Contrast: With ___ With/Without ___
Circle of Willis (Brain)
Carotid/Vertebral
Aortic Arch
Thoracic Aorta
Abdomen/Renal/Visceral
ABD/Pelvis/Bilat LE
Pelvis
Lower Extremity R L B
Upper Extremity R L B
Other

MR VENOGRAM
Brain
Lower Extremity R L B
Other

PET SCAN
FDG Brain
FDG Cardiac
FDG Whole Body
PET / CT Fusion
Other

CT SCAN Contrast: With ___ With/Without ___
Head
Orbits
IAC
Temporal Bone
Pituitary
Sinuses
Dentascan
Facial Bones
Soft Tissue Neck
Chest
Abdomen Only
CT Enterography
Pelvis Only
Abdomen/Pelvis
Renal Stone Protocol
CT Urogram
Cervical Spine
Thoracic Spine
Lumbar Spine
Shoulder R L
Elbow R L
Wrist R L
Arm (upper/lower) R L
Hip R L
Knee R L
Ankle R L
Foot R L
Leg (upper/lower) R L
Other

CT ANGIOGRAM (CTA)
Circle of Willis (Brain)
ARCH/Carotid/Vertebral
Pulmonary
Abdomen/Visceral
Chest
Pelvis
Lower Extremity R L
Upper Extremity R L
Other

CT SPECIALITY STUDY*
CT Screening Lungs
CT Screening Coronary Calcium
CT Coronary Angiogram
CT Colonography (Virtual)
Other
* These studies may not be covered by insurance

OTHER

X-RAY
Chest AP PA/Lat Decub
Head Skull Sinus Orbits
Facial Bones
Nasal Bones
Mandible
Sternum
Abdomen (flat and upright)
Abdomen (KUB)
Scoliosis Series
Cervical Spine (3 views)
Thoracic Spine
Lumbar spine (3 views)
Sacrum/Coccyx
Clavicle R L B
Scapula R L B
Shoulder R L B
Ribs R L B
A/C Joint R L B
Humerus R L B
Radius/Ulna R L B
Elbow R L B
Wrist R L B
Hand R L B
Finger # R L B
Hip R L B
Femur R L B
Knee R L B
Tib/Fib R L B
Ankle R L B
Foot R L B
Toe # R L B
Other

FLUOROSCOPY
Air Contrast
Esophagram
Upper GI Series
GI Series Small Bowel
Arthrogram (Joint)
Small Bowel Series
IVP
Barium Enema
Cervical Spine Myelogram w/CT
Thoracic Spine Myelogram w/CT
Lumbar Spine Myelogram w/CT
Other

WOMEN'S IMAGING
Mammogram Screening
Diagnostic Mammogram R L B
Breast Ultrasound R L B
Pelvis
Hysterosonogram
Obstetrical Ultrasound
Biophysical Profile
Bone Densitometry
Other

ULTRASOUND
Abdomen
Pelvis (Male)
RUQ
Renal
Bladder with Post Void
Soft Tissue Neck
Thyroid
Scrotal
Extremity (non-vascular)
Biopsy
Other

CARDIO/VASCULAR
Echocardiogram
Carotid Duplex
Renal Artery Stenosis
Aorta (AAA)
UE Ven Duplex R L B
LE Ven Duplex R L B
LE Ven Insuff R L B
UE Art Duplex R L B
LE Art Duplex R L B

NUCLEAR MEDICINE
Bone Scan
ProstaScint SPECT/CT Fusion
Biliary
Liver/Spleen
Parathyroid
Renal
Renal with Lasix
Cisternogram
Cardiac SPECT (rest/stress)
MUGA
Thyroid
Gallium
WBC
Other