



PATIENT NAME:.....TEL:.....

REF. PHYSICIAN:.....TEL:.....

CLINICAL HISTORY:.....

.....Date:.....

REF. M.D.

64 CT DETECTOR
\*IV CONTRAST: YES NO

- CHEST
ABDOMEN
PELVIS
CT STONE STUDY
HEAD
ORBITS
IACS
TEMPORAL BONES
PITUITARY
SINUSES VTI INSTATRACK
LOW DOSE SINUS SURVEY
MAXILLOFACIAL
SOFT TISSUE NECK
MANDIBLE (NON DENTAL)
ENTEROGRAPHY
CT POUCHAGRAM
CT PREPPED COLON
CERVICAL SPINE
THORACIC SPINE
LUMBAR SPINE
ARTHROGRAM SCANOGRAM
LEG FEMUR TIBFIB
FOOT
SHOULDER
HUMERUS
ELBOW
RADIUS/ULNA

SCREENING STUDIES

- CT CORONARY ANGIOGRAM (CCTA)
AORTA CHEST ABD/PEL ANGIO
PULMONARY ANGIO
BRAIN ANGIO
NECK/CARTOID ANGIO
MESENTERIC ANGIO
RENAL ARTERY ANGIO
EXTREMITY
RUNOFF STUDY

CT 64 ANGIOGRAPHY

- HEART & LUNG SCREENING
CORONARY CALCIUM (HEART) SCREENING
PULMONARY NODULE (LUNG) SCREENING
VIRTUAL COLONOSCOPY
DENTASCAN IMPLANT GUIDANCE

SCINTIGRAPHY

- WHOLE BODY BONE SCAN
LIMITED AREA BONE SCAN
3-PHASE BONE SCAN
MUGA
RENAL
THYROID I 123
GALLIUM
LIVER
OCTREOTIDE
GASTRIC EMPTYING STUDY
PARATHYROID
HIDA
PYE HELICOBACTER BREATH TEST

PET/CT

- WHOLE BODY PET/CT
BRAIN PET/CT DIAGNOSTIC CT.....

ULTRASOUND

- ABDOMEN
PELVIS (TRANSABDOMINAL)
TRANSVAGINAL
TRANSVAGINAL (before 12 weeks gestation)
OBSTETRIC (LEVEL II) ANATOMY
OBSTETRIC BIOPHYSICAL PROFILE
BREAST
SONOHYSTEROGRAM
THYROID
RENAL
SCROTUM
BLADDER
AORTA SCREENING
EXTREMITY NON-VASCULAR
DUPLIX CAROTID
VENOUS EXTREMITY (UPPER) R L
VENOUS EXTREMITY (LOWER) R L
HEPATIC VESSELS
OTHER.....

X-RAY

- CHEST AP PA/LAT
HEAD SKULL SINUS ORBITS
FACIAL BONES NASAL BONES MANDIBLE
RIBS
ABD FLAT ERECT OBS MARKER STUDY
THORACIC STANDING
CERVICAL SP 2 VIEWS 4 VIEWS STANDING
LUMBAR SP 2 VIEWS 4 VIEWS STANDING
CLAVICULE
SCAPULA
SHOULDER
HUMERUS
ELBOW
WRIST
HAND
HIP
FEMUR
KNEE
LEG: TIBFIB
ANKLE
FOOT
SCOLIOSIS SERIES
OTHER.....

FLUOROSCOPY

- CINE ESOPHAGRAM
ESOPHAGRAM
UPPER GI SERIES
GI SERIES SMALL BOWEL
GI SERIES ESOPHGRAM
SMALL BOWEL SERIES
IVP
BARIUM ENEMA
DOUBLE CONTRAST BE
HYSTEOSALPINGOGRAM
FISTULOGRAM
POUCHAGRAM
OTHER.....

FILM PREFERENCE

- NO FILM
CD
FILM
PAPER KEY IMAGES

MRI 1.5T

\*IV CONTRAST: YES NO

- BRAIN
ORBITS
IAC
FACIAL
NECK
TMJ
PITUITARY
CERVICAL SPINE
THORACIC SPINE
LUMBAR SPINE
SPINE SURVEY
CHEST
ABDOMEN
MRCP (BILIARY)
PELVIS
MRI BREAST R L B
SHOULDER R L B
SHOULDER ARTHROGRAM
HIP ARTHROGRAM
ARM HUMERUS
RADIUS/ULNA
ELBOW R L B
WRIST R L B
HAND R L B
HIP R L B
LEG FEMUR TIBFIB
KNEE R L B
ANKLE R L B
FOOT R L B
MRI PROSTATE
MR ARTHROGRAM
TOTAL BODY (STIR)
OTHER.....

MR ANGIOGRAPHY

- HEAD/BRAIN ANGIO
NECK ANGIO
CHEST ANGIO
CAROTID & VERTEBRAL ANGIO
PELVIS ANGIO
ABDOMEN ANGIO
LOWER EXTREMITY ANGIO

MAMMO/BREAST IMAGING

BRING PRIOR FILMS IF AVAILABLE

- SCREENING
DIAGNOSTIC
BI-LATERAL UNILATERAL
IMPLANTS
BREAST SONO
BREAST BIOPSY
FNA CORE MR
MRI BREASTS (6PTH Floor)
with CONTRAST without CONTRAST

BONE DENSITOMETRY

- DEXA
DEXA w. INSTANT VERTEBRAL ANALYSIS

\*IF PATIENT HAS AN ALLERGIC OR ASTHMATIC HISTORY OR IS DISABLED, PLEASE CALL (212) 535-9770 FOR INFORMATION.

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