

PATIENT LAST NAME _____ PATIENT FULL FIRST NAME _____ TODAY'S DATE _____ DATE OF BIRTH _____

CLINICAL INDICATIONS/SIGNS/SYMPTOMS (NOT RULE/OUT): _____

ICD-10: _____

PHYSICIAN SIGNATURE (REQUIRED) _____
 Dulce Almanzar, MD Other _____
1377 5th Ave, Bay Shore, NY 11706 T: (631) 647-3265 F: (631) 647-3266

PATIENTS: CALL TO MAKE AN APPOINTMENT TAKE A CELL PHONE PHOTO OF THIS FORM AND TEXT OR EMAIL IT TO RX@ZPRAD.COM

■ MRI

3T Wide-Bore 1.5T Wide-Bore 1.2 Open-Sided
 Either 3T or 1.5T Wide-Bore

With & without contrast No contrast

With I.V. sedation

Neuro/ENT/Spine

Brain
 Orbits
 Pituitary
 IAC
 Cervical spine
 Thoracic spine
 Lumbar spine
 Sacrum/coccyx
 CSF Flow
 DTI
 Perfusion
 MR spectroscopy
 TMJ
 Soft tissue neck/parotid

Orthopedic

Shoulder R L
 Upper arm R L
 Elbow R L
 Forearm R L
 Wrist R L
 Hand R L
 Finger R L
Specify _____

Pelvis R L
 Hip R L
 Thigh R L
 Knee R L
 Lower leg R L
 Ankle R L
 Foot R L
 Toe R L
 Cartilage mapping
 MR arthrogram
Specify _____

MRA

Carotid MRA
 Intracran/circle of Willis
 Intracran/MR venogram
 MR venogram
Specify _____

NOVA
 Carotid
 Aortic arch
 Abdominal aorta only
 Renal arteries
 Mesenteric arteries
 Aorta/lower extremities

Chest & Body

Chest
 Breast MRI
 Cardiac MRI
 Function Viability
 Mediastinum
 Brachial plexus
 Clavicle/sc joint
 Scapula
 Sternum
 Thoracic outlet
 Abdomen
Specify _____

Pelvis
 Dynamic pelvis/
MR defogram
 Prostate
 Enterography
 MRCP
 Rectal MRI
 Other _____

■ CT

With Contrast Without Contrast With & Without Contrast
 Oral Contrast Only IV Contrast Only Oral & IV Contrast

CT Angiography

Coronary artery CTA with calcium scoring (needs contrast)
 Chest CTA/PE
 Calcium scoring only
 CT angiogram (needs contrast)
 Intracranial
 Carotid
 Aortic arch/thoracic aorta
 Renal
 Lower extremity run off

Spine

Cervical
 Thoracic
Specify levels _____

Lumbar
 Sacrum/coccyx

Body

Stone hunt
 Hematuria
 Chest only
 Soft tissues neck/chest/abdomen/pelvis
 Soft tissues neck only
 Chest/abdomen/pelvis
 Abdomen/pelvis
 Enterography
 Abdomen only
 Pelvis only
 Triple phase liver
 Other _____

Neuro/ENT

Brain
 Orbits
 Temporal bones
 Paranasal sinuses
 Soft tissues neck

Musculoskeletal

Joint
Specify _____
 Extremity
Specify _____
 Scanogram

■ Mammography

Please schedule breast sonogram appointment if needed based on the mammogram.

Screening With 3D Tomosynthesis (no palpable finding or symptoms)
 Bilateral Right Left

Screening (no palpable finding or symptoms)
 Bilateral Right Left

Diagnostic With 3D Tomosynthesis-Must select reason(s)
 Bilateral Right Left

Diagnostic - Must select reason(s)
 Bilateral Right Left

Reasons:

Additional diagnostic views
 Short term follow up
 New lump, mass or thickening
 Old lump or mass increased in size
 New nipple discharge
 New inverted nipple
 Skin changes (dimpling, redness or abnormal increase in breast size)
 Lymphadenopathy
 Current use of Tamoxifen, Femara or Arimidex

■ Ultrasound

Breast
 Bilateral R L
 Thyroid
 Scrotal/testicular
 Transrectal prostate
 Pelvis (GYN)
 Transabdominal
 Transvaginal
 Transabdominal / Transvaginal
 Hysterosonogram
 Obstetrical
 Abdomen
 Aorta only
 Retroperitoneum (Renal/Bladder)
 Other _____

Vascular

Carotid doppler
 Venous doppler
 Lower extremity R L Bilateral
 Upper extremity R L Bilateral
 Arterial doppler
 Lower extremity R L Bilateral
 Upper extremity R L Bilateral
 Renal arterial doppler

■ Nuclear Medicine

Bone scan
 Add SPECT if needed
 Whole body
 3 phase
Region _____

Cardiac
 Myocardial perfusion stress study
 With treadmill/exercise
 With pharm. agent
 MUGA (gated blood pool)

Thyroid
 Uptake & scan
 I-131 treatment
Dose _____

HIDA/DISIDA
 With cholecystokinin

Renal
 With lasix washout
 DTPA

Parathyroid
 Gastric emptying
 Other _____

■ MRI/PET

Add MR intravenous contrast if needed
PET Only Auth#: _____

78608 Brain PET
 78812 Top of head to mid thigh
 78813 Top of head to toes (melanoma protocol)

With additional MRI Body region: _____
MRI Auth#: _____

■ PET/CT

Add CT intravenous contrast if needed
PET/CT Auth#: _____

78608 Brain PET
 78815 Base of skull to mid thigh
 78816 Top of head to toes (melanoma protocol)
 Other:

■ Echocardiogram

■ DXA Bone Density

■ Interventional Biopsy

Thyroid Lung Liver
 US Breast FNA Specify Region _____
 US Core Biopsy (includes post procedure mammo) Specify Region _____
 Stereotactic Biopsy (includes post procedure mammo) Specify Region _____
 Perform targeted US first, if lesion identified, biopsy under US
 MRI Breast Biopsy 1 Specify Region _____
 Perform targeted US first, if lesion identified, biopsy under US
 Other _____

■ Fluoroscopy

Esophagram Lap band
 UGI (includes esophagram) Hysterosalpingogram
 UGI & small bowel series Other:
 Small bowel series only

■ Digital X-RAY Patients can print registration forms online

<input type="checkbox"/> Skull	<input type="checkbox"/> C spine	<input type="checkbox"/> Chest	<input type="checkbox"/> Bone age	<input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Femur <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Orbits	<input type="checkbox"/> T spine	<input type="checkbox"/> F/U abdomen	<input type="checkbox"/> Ribs	<input type="checkbox"/> Humerus <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Hand <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Toes <input type="checkbox"/> R <input type="checkbox"/> L
<input type="checkbox"/> Facial bones	<input type="checkbox"/> L spine	<input type="checkbox"/> KUB abdomen		<input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Fingers <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Tibia/fibula <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Other:
<input type="checkbox"/> Nasal bones	<input type="checkbox"/> Sacrum	<input type="checkbox"/> Pelvis		<input type="checkbox"/> Forearm <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Hips <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L	

ZWANGER-PESIRI RADIOLOGY EXAM PREPARATIONS

- Continue taking any prescription medications, which may be taken with a few sips of water prior to exam.
- Wear comfortable, loose clothing. Do not wear jewelry.
- Please be sure you have your prescription from the doctor, as well as your insurance card when you arrive for your appointment.

MRI/MRA

★ If you are receiving **IV CONTRAST** for your exam, have nothing to eat 1 hour prior to your exam time. You may drink clear liquids (example: water, ginger ale, apple juice).

This exam may not be performed if you have a **cardiac pacemaker, cerebral aneurysm clips** or a **metallic hearing implant**. If you are a **sheet metal worker** or have ever had **metal fragments in your eye(s)**, an orbit x-ray will be taken prior to your MRI exam. Wear comfortable loose fitting clothes, such as a sweatsuit. Be sure there are no metal zippers, snaps or buckles. Do not wear earrings, hairpins or jewelry. Do not apply eye shadow or mascara.

CT SCAN

★ If you have a history of **asthma, an allergy to iodine**, or are currently taking **medication for diabetes**, please notify our staff.

★ If you are receiving **IV CONTRAST** or **ORAL CONTRAST** for your exam, have nothing to eat 1 hour prior to your exam time. You may drink clear liquids (example: water, ginger ale, apple juice). If you are receiving **OMNIPAQUE ORAL CONTRAST**, refer to the OMNIPAQUE ORAL CONTRAST PREP section below. If you are receiving **REDI-CAT ORAL CONTRAST**, please ask your Zwanger-Pesiri representative.

Abdomen and Pelvis with or without contrast - Nothing to eat or drink 1 hour prior to your exam time.

All other exams with no contrast - No preparation necessary.

CT Angiography - Follow instructions given at the time of scheduling.

OMNIPAQUE ORAL CONTRAST PREP FOR CT SCAN OF ABDOMEN AND PELVIS

★ DO NOT INGEST IF YOU HAVE A CONTRAST ALLERGY

- Have nothing to eat 1 hour prior to your exam time.
- You may drink clear liquids (example: water, ginger ale, apple juice).
- Begin drinking the OMNIPAQUE prep 1 hour & 45 minutes before your exam. Drink should be finished within 15min from when you started.
- Do not empty your bladder until after your exam.

- 1 Pour HALF the contents of the OMNIPAQUE bottle into the 32 oz. cup given at the office.
- 2 Fill the cup with water to approximately 1/2 inch from the top of the cup (approximately 30 oz).
- 3 Stir well and drink.
- 4 Discard the remaining contrast, cup, contrast bottle and straw after use.

MRI/PET & PET/CT SCAN

Call your local Zwanger-Pesiri office to schedule an appointment and/or for exam preparations. MRI/PET: In addition, follow all precautions for MRI.

3D & 2D DIGITAL MAMMOGRAPHY

Do not apply lotions, deodorant, perfume or powder on the day of the exam. Wear comfortable two piece clothing. Bring previous mammography studies for comparison.

DXA BONE DENSITOMETRY

No calcium supplements or multi-vitamins 24 hours prior to exam.

SPECT NUCLEAR MEDICINE

Call your local Zwanger-Pesiri office to schedule an appointment.

Thyroid Scan - Discontinue all thyroid medications and vitamins with iodine for at least 10 days prior to the exam.

Bone Scan - No preparation required.

Liver Scan - No preparation required.

X-RAY / FLUOROSCOPY

Esophagram/Upper G.I. Series/Small Bowel Series - Have a light supper the night before the exam. Nothing to eat, drink, chew or smoke after 10:00 pm until after the exam is complete in the morning.

Barium Enema (B.E.) - Pick up prep kit at least two days prior to exam.

IVP - The day before exam, drink 1 bottle of Citrate of Magnesia at 4:00 pm. Nothing to eat, drink, smoke or chew past 10:00 pm.

ULTRASOUND

Aortic/Abdominal - Nothing to eat drink, chew or smoke for six hours prior to your exam.

Pelvic/Obstetrical - A full bladder is necessary for the exam. Have breakfast and/or lunch. Women: drink at least 32 oz. of water/Men: at least 16 oz. of water, finishing 1 hour prior to exam. Do not empty your bladder.

Prostate - Take a fleet enema at least one hour prior to the exam. Nothing to eat or drink after fleet enema.

Breast/Scrotal/Thyroid - No preparation required.

Color-Flow Doppler - No preparation required.

Renal Arterial Study - Nothing to eat, drink, chew or smoke for six hours prior to your exam. In addition, consult your physician before taking gas-X one hour before the exam.

Renal - 16 oz. glass of water one hour prior to study. Do not void.

