



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): \_\_\_\_\_  Vincent R. Leddy, MD  Other  
160 FOURTH STREET • BRENTWOOD, NY 11717

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

**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 \_\_\_\_\_

**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

**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 \_\_\_\_\_

**Digital X-RAY** Patients can print registration forms online  
 Skull  C spine  Chest  Bone age  Shoulder  R  L  Wrist  R  L  Femur  R  L  Foot  R  L  
 Orbits  T spine  F/U abdomen  Ribs  Humerus  R  L  Hand  R  L  Knee  R  L  Toes  R  L  
 Facial bones  L spine  KUB abdomen  Elbow  R  L  Fingers  R  L  Tibia/fibula  R  L  Ankle  R  L  Other: \_\_\_\_\_  
 Nasal bones  Sacrum  Pelvis  Forearm  R  L  Hips  R  L  Ankle  R  L

# 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 cochlear ear implant**. If you are a **sheet metal worker** or have ever had **metal fragments in your eye(s)**, an orbit x-ray may 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 IODINE 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. Finish in 15 minutes.
- 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 second paragraph of MRI preparations.

## 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. Continue any beta blockers as prescribed. Please advise us at the time of scheduling if you have received intravenous CT contrast within the last 6 weeks.

**Bone Scan** - No preparation required.

**Liver Scan** - No preparation required.

## 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.

**Extremity 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.

